

Eastern Region Good Practice Handbook

Safeguarding Children Abused Through Domestic Abuse

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1. Introduction

1.1 Introduction

- 1.1.1 The issue of children living with domestic abuse is recognised as a matter for concern in its own right by both government and key children's services agencies. The link between child physical abuse and domestic abuse is high, with estimates ranging between 30% to 66% depending upon the study¹. In 2002, nearly three quarters of children subject of a child protection plan lived in households where domestic abuse occurs².
- 1.1.2 The impact of domestic abuse and abuse on an individual child will vary according to the child's resilience and the strengths and weaknesses of their particular circumstances.
- 1.1.3 The three central imperatives of any intervention for children living with domestic abuse are:
- To protect the child/ren;
 - To support the mother to protect herself and her child/ren; and
 - To hold the abusive partner accountable for his violence and provide him with opportunities to change.

1.2 How to use this practice guidance

- 1.2.1 This practice guidance is for use by all professionals (the term includes unqualified managers, staff and volunteers) who have contact with children and with adults who are parents / carers, and who therefore have responsibilities for safeguarding and promoting the welfare of children.

2. Context

2.1 Definition

- 2.1.1 The definition of domestic abuse was updated on 31 March 2013 and is defined by the Home Office 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 or sexuality. This can encompass but is not limited to the following types of abuse:

- psychological
- physical
- sexual
- financial
- emotional

Controlling behaviour is: 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

¹ Hester et al (2000); Edleson (1999); Humphreys and Thiara (2002).

² Department of Health (2002).

the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.”*

*This definition includes so called ‘honour’ based violence, female genital mutilation (FGM) and forced marriage, and is clear that victims are not confined to one gender or ethnic group.’

The main characteristic of domestic abuse is that the behaviour is intentional and is calculated to exercise power and control within a relationship.

It is also important to consider the impact of stalking and harassment on women, which are defined under a different part of statute (Protection from Harassment Act 1997 and the Protection of Freedoms Act 2012) but are often relevant when considering situations of domestic abuse as these acts can form part of the way in which power is exerted or psychological harm is done.

2.1.2 Examples of these behaviours are:

- Psychological / emotional abuse – intimidation and threats (e.g. about children or family pets), social isolation, verbal abuse, humiliation, constant criticism, enforced trivial routines, marked over intrusiveness.
- Physical violence – slapping, pushing, kicking, stabbing, damage to property or items of sentimental value, attempted murder or murder;
- Physical restriction of freedom – controlling who the mother or child/ren see or where they go, what they wear or do, stalking, imprisonment, forced marriage;
- Sexual violence – any non-consensual sexual activity, including rape, sexual assault, coercive sexual activity or refusing safer sex; and
- Financial abuse – stealing, depriving or taking control of money, running up debts, withholding benefits books or bank cards.

2.1.3 Increasingly, the term ‘domestic abuse’ has replaced ‘domestic violence’ which has the advantage that it reflects the non-physical abuses referred to above.

2.1.4 Whilst it is recognised, both in the Home Office definition and by the professional community, that domestic abuse can be both experienced and perpetrated by anyone regardless of gender, the majority of domestic abuse involves heterosexual males abusing their female partner or ex-partners. Therefore this guidance will be written in a way that reflects that bias. However, any of the guidance can be applied to other scenarios regardless of gender, sexuality etc.³

2.2 Forced marriage and honour-based violence

2.2.1 Children and young people can be subjected to domestic abuses perpetrated in order to force them into marriage or to ‘punish’ him/her for ‘bringing dishonour on the family’.

Whilst honour based violence can culminate in the death of the victim, this is not always the case. The child or young person may be subjected over a long period

³ (British Crime Surveys 2003/04, 2004/05, 2005/06)

to a variety of different abusive behaviours ranging in severity. The abuse is often carried out by several members of a family and may, therefore, increase the child's sense of powerlessness and be harder for professionals to identify and respond to.

3. Families with additional vulnerabilities

3.1 All professionals should understand the following issues that children and their mothers may face, and take these into consideration when trying to help them:

- **Culture:** the culture amongst some communities means that it is often more difficult for women to admit to having marital problems. This is because a failed marriage is often seen as being the woman's fault, and she will be blamed for letting down the family's honour. In some cultures, a woman may not be in a position to divorce her husband. If the husband does not want to comply with this, he can prevent giving a religious divorce to his wife.
- **Immigration status:** children and their mothers may have an uncertain immigration status, which could prevent them from accessing services. The mother may also be hesitant to take action against her partner for fear of losing her right to remain in the UK. In some cases, women have received threats of deportation from their partner or extended family if they report domestic abuse and have had their passports taken from them.

Similarly, children may have had their passports taken away from them and may fear that they and/or their mother could be deported if they disclose domestic abuse in the family.

- **Language / literacy:** children and their mothers may face the additional challenge of engaging with services if English is not their first language. When working with such children and families, professionals should use professional interpreters who have a clear Criminal Records Bureau check. It is not acceptable to use a family member or friend, or members of the extended community network.
- **Temporary accommodation:** many families live in temporary accommodation. When a family moves frequently, they may be facing chronic poverty, social isolation, racism or other forms of discrimination and the problems associated with living in disadvantaged areas or in temporary accommodation. These families can become disengaged from, or may have not been able to become engaged with, health, education, social care, welfare and personal social support systems
- **Recent trauma:** families that have recently immigrated often have a traumatic history and / or a disrupted family life and can need support to integrate their culture with that of the host country.
- **Disability:** children and/or mothers with disabilities may be especially vulnerable in situations where the abuser is also their primary carer, and some refugees may lack appropriate facilities to respond to their particular needs. The [Crime Survey for England and Wales \(CSEW\)](#) consistently shows that disabled people are much more likely to experience domestic abuse than non-disabled people.
- **Social exclusion:** children and their families may also face additional vulnerabilities as a result of social exclusion. The [Crime Survey for England and Wales \(CSEW\)](#) indicates that people who are currently on a

low income and/or not owning their own home are more likely than those on a higher income and/or homeowners to have experienced incidents of domestic abuse. This can include women with no recourse to public funds. Lesbian, gay, bisexual and transgender people may also be especially vulnerable, and issues such as shame, stigma, mistrust of authority (particularly the police), fear of having children taken away because of incorrect stereotyping, "outing" etc can lead to the abuse / violence being hidden and unreported. There are also issues around safe havens for transgender people and their children, and some women's refuges may not accept those who have not fully transitioned.

4. The impact of domestic abuse

4.1 The impact of domestic abuse on children

4.1.1 The risks to children living with domestic abuse include:

- Direct physical or sexual abuse of the child. Research shows this happens in up to 60% of cases; also that the severity of the violence against the mother is predictive of the severity of abuse to the children⁴;
- The child being abused as part of the abuse against the mother:
 - Being used as pawns or spies by the abusive partner in attempts to control the mother;
 - Being forced to participate in the abuse and degradation by the abusive partner.
- Emotional abuse and physical injury to the child from witnessing the abuse:
 - Hearing abusive verbal exchanges between adults in the household;
 - Hearing the abusive partner verbally abuse, humiliate and threaten violence;
 - Observing bruises and injuries sustained by their mother;
 - Hearing their mother's screams and pleas for help;
 - Observing the abusive partner being removed and taken into police custody;
 - Witnessing their mother being taken to hospital by ambulance;
 - Attempting to intervene in a violent assault;
 - Being physically injured as a result of intervening or by being accidentally hurt whilst present during a violent assault.
- Negative material consequences for a child of domestic abuse:
 - Being unable or unwilling to invite friends to the house;
 - Frequent disruptions to social life and schooling from moving with their mother fleeing violence;

⁴ A study by Bowker, Arbitell and McFerron (1988) found that the more frequent the violence to wives, including physical violence and marital rape, the more extreme the physical abuse of the children. The authors concluded that: "the severity of the wife beating is predictive of the severity of the child abuse".

- Hospitalisation of the mother and/or her permanent disability.

- 4.1.2 Children who witness domestic abuse suffer emotional and psychological maltreatment⁵. They tend to have low self-esteem and experience increased levels of anxiety, depression, anger and fear, aggressive and violent behaviours, including bullying, lack of conflict resolution skills, lack of empathy for others and poor peer relationships, poor school performance, anti-social behaviour, pregnancy, alcohol and substance misuse, self blame, hopelessness, shame and apathy, post traumatic stress disorder – symptoms such as hyper-vigilance, nightmares and intrusive thoughts – images of violence, insomnia, enuresis and over protectiveness of their mother and/or siblings.
- 4.1.3 The impact of domestic abuse on children is similar to the effects of any other abuse or trauma and will depend upon such factors as:
- The severity and nature of the violence;
 - The length of time the child is exposed to the violence;
 - Characteristics of the child's gender, ethnic origin, age, disability, socio economic and cultural background;
 - The warmth and support the child receives in their relationship with their mother, siblings and other family members;
 - The nature and length of the child's wider relationships and social networks; and
 - The child's capacity for and actual level of self protection.

4.2 The impact of domestic abuse on unborn children

- 4.2.1 30% of domestic abuse begins or escalates during pregnancy⁶, and it has been identified as a prime cause of miscarriage or still-birth⁷, premature birth, foetal psychological damage from the effect of abuse on the mother's hormone levels, foetal physical injury and foetal death⁸. The mother may be prevented from seeking or receiving proper ante-natal or post-natal care. In addition, if the mother is being abused this may affect her attachment to her child, more so if the pregnancy is a result of rape by her partner.
- 4.2.2 See also pre-birth referral and assessment, in the *Local Child Protection Procedures*.

4.3 The impact of domestic abuse on mothers and their ability to parent

- 4.3.1 The child/ren are often reliant on their mother as the only source of good parenting, as the abusive partner will have significantly diminished ability to parent well. This is particularly so because domestic abuse very often co-exists

⁵ Section 31 Children Act 1989: impairment suffered from seeing or hearing the ill treatment of another (amended by the Adoption and Children Act 2002).

⁶ Gyneth Lewis and James Drife, *Why Mothers Die 2000-2002 - Report on confidential enquiries into maternal deaths in the United Kingdom* (CEMACH, 2005).

⁷ Gillian Mezey, "Domestic Violence in Pregnancy" in S. Bewley, J. Friend, and G. Mezey (ed.) *Violence against women* (Royal College of Obstetricians and Gynaecologists, 1997).

⁸ Robert Anda, Vincent Felitti, J. Douglas Bremner, John Walker, Charles Whitfield, Bruce Perry, Shanta Dube, Wayne Giles, "The enduring effects of childhood abuse and related experiences: a convergence of evidence from neurobiology and epidemiology", in *European Archives of Psychiatric and Clinical Neuroscience*, 256 (3) 174 – 186 (2006 - available online at: <http://childtraumaacademy.org/default.aspx>)

with high levels of punishment, the misuse of power and a failure of appropriate self-control by the abusive partner.

- 4.3.2 Many mothers seek help because they are concerned about the risk domestic abuse poses to their child/ren. However, domestic abuse may diminish a mother's capacity to protect her child/ren and mothers can become so preoccupied with their own survival within the relationship that they are unaware of the effect on their child/ren.
- 4.3.3 Mothers subjected to domestic abuse have described a number of physical effects, including frequent accommodation moves, economic limitations, isolation from social networks and, in some cases, being physically prevented from fulfilling their parenting role by the abuser. The psychological impact can include:
- Loss of self-confidence as an individual and parent;
 - Feeling emotionally and physically drained, and distant from the children;
 - Not knowing what to say to the children;
 - Inability to provide appropriate structure, security or emotional and behavioural boundaries for the children;
 - Difficulty in managing frustrations and not taking them out on the children; and
 - Inability to support the child/ren to achieve educationally or otherwise.
- 4.3.4 Mothers subjected to domestic abuse can experience sexually transmitted diseases and/or multiple terminations.
- 4.3.5 Domestic abuse contributes directly to the breakdown of mental health, and mothers experiencing domestic abuse are very likely to suffer from depression and other mental health difficulties leading to self-harm, attempted suicide and/or substance misuse.

4.4 The abusive partner's ability to parent

- 4.4.1 Professionals are often very optimistic about men's parenting skills⁹, whilst scrutinising the mother's parenting in much greater detail. However, research¹⁰ has found that the abusive partners had inferior parenting skills, including being:
- More irritable;
 - Less physically affectionate;
 - Less involved in child rearing; and
 - Using more negative control techniques, such as physical punishment.

5. Substance misuse and mental ill health

5.1 Mothers

- 5.1.1 Mothers who experience domestic abuse are more likely to use prescription drugs, alcohol and illegal substances¹¹.

⁹ Hester and Radford (1996)

¹⁰ Holden and Ritchie (America, 1991)

¹¹ J. Jacobs, *The Links between Substance Misuse and Domestic Violence: Current Knowledge and Debates* (London: Alcohol Concern, 1998)

- 5.1.2 For a mother experiencing domestic abuse, alcohol and drugs can represent a wide range of coping and safety strategies. Mothers may have started using legal drugs prescribed to alleviate symptoms of a violent relationship. Mothers may turn to alcohol and drugs as a form of self-medication and relief from the pain, fear, isolation and guilt that are associated with domestic abuse. Alcohol and drug use can help eliminate or reduce these feelings and therefore become part of how she copes with the abuse¹².
- 5.1.3 Mothers can be coerced and manipulated into alcohol and drug use. Abusers may often introduce their partner to alcohol or drug use to increase her dependence on him and to control her behaviour¹³. Furthermore, any attempts by the mother to stop her alcohol or drug use are threatening to the controlling partner and some abusive men will actively encourage mothers to leave treatment.
- 5.1.4 Mothers in abusive relationships are also at risk of sexual exploitation. Mothers working in prostitution may be subjected to domestic abuse through their relationship with their 'pimps'; these relationships will invariably be based on power, control or the use of violence.
- 5.1.5 The double stigma associated with being both a victim of domestic abuse as well as having a substance use problem may compound the difficulties of help-seeking, particularly for black and minority ethnic mothers.
- 5.1.6 Mental health problems such as depression, trauma symptoms, suicide attempts and self-harm are frequently 'symptoms of abuse' and need to be addressed alongside the issues of substance use and domestic abuse.
- 5.1.7 The relationship between a mother's alcohol and drug use and/or mental health problems and her experiences of domestic abuse may not (or not all) be linked. Assessment and interventions for these mothers therefore need to be conducted separately, although as part of the same care plan, and at the same time.

5.2 Abusive partners

- 5.2.1 Men who abuse may use their own or their partners' alcohol or drug use as an excuse for their violence. An abusive partner may threaten to expose a mother (or teenage girl)'s use. He may be her supplier and he may increase her dependence on him by increasing her dependence on drugs¹⁴.
- 5.2.2 Despite the fact that alcohol, drugs and violence to women often coexist, there is no evidence to suggest a causal link. In addition, no evidence exists to support a "loss of control caused by intoxication" explanation for violence - research and case examples show that abusive partners exert a huge amount of power and control regardless of intoxication.
- 5.2.3 Even when physical assaults are only committed whilst intoxicated, abusive partners are likely to be committing non-physical forms of abuse when sober. It should never be assumed that by working with an abusive partner's substance use the violent behaviour will also be reduced. In fact, the violence may increase when substance use is treated. Similarly, it should not be assumed that treating a

¹² The Stella Project, *Separate Issues Shared Solutions – Report from the Launch of the Stella Project* (Greater London Alcohol and Drug Alliance and Greater London Domestic Violence Project, 2003)

¹³ *ibid.*

¹⁴ Holly Taylor, *Making the links between domestic violence and substance misuse – an evaluation of service provision in Tower Hamlets* (Tower Hamlets Domestic Violence Team, 2003).

domestic abuser's mental ill health will necessarily reduce their violent behaviour – again, the violence may increase.

- 5.2.4 Therefore, work with an abusive partner should comprise separate assessments and interventions for violence, substance misuse and/or mental ill health. The intervention outcomes are more likely to be positive if the violence, substance use and/or mental ill health are addressed at the same time.

6. Barriers to disclosure

6.1 Barriers to disclosure for mothers

- 6.1.1 There are many reasons why a mother will be unwilling or unable to disclose that she is experiencing domestic abuse. Usually it is because she fears that the disclosure (and accepting help) will be worse than the current situation and could be fatal. A mother may:

- Minimise her experiences and/or not define them as domestic abuse (this view could be culturally based);
- Be unable to express her concerns clearly (language can be a significant barrier to disclosure for many women);
- Fear that her child/ren will be taken into care;
- Fear the abusive partner will find her again through lack of confidentiality;
- Fear death;
- Believe her abusive partner's promise that it will not happen again (many mothers do not necessarily want to leave the relationship, they just want the violence to stop);
- Feel shame and embarrassment and may believe it is her fault;
- Feel she will not be believed;
- Fear that there will not be follow-up support, either because services are just not available or because she will meet with institutional discrimination;
- Fear the abuser will have her detained;
- Fear that she will be isolated by her community;
- Fear she will be deported;
- Fear that his status will be exposed and she will be punished with an escalation of violence;
- Be scared of the future (where she will go, what she will do for money, whether she will have to hide forever and what will happen to the children);
- Be isolated from friends and family or be prevented from leaving the home or reaching out for help;
- Have had previous poor experience when she disclosed.

- 6.1.2 Some women are simply not ready. It is therefore important to keep asking the question.

6.2 Barriers to disclosure for children

- 6.2.1 Children affected by domestic abuse often find disclosure difficult or go to great lengths to hide it. This could be because the child is:
- Protective of their mother;
 - Protective of their abusing parent;
 - Extremely fearful of the consequence of sharing family 'secrets' with anyone. This may include fears that it will cause further violence to their mother and/or themselves;
 - Being threatened by the abusing parent;
 - Fearful of being taken into care;
 - Fearful of losing their friends and school;
 - Fearful of exposing the family to dishonour, shame or embarrassment;
 - Fearful that their mother (and they themselves) may be deported.
- 6.2.2 See [appendix 4. Communicating with a child](#).

7. Enabling disclosure (LA children's social care, health and education/schools professionals)

7.1 Enabling disclosure for children and mothers

- 7.1.1 Where a professional is concerned about / has recognised the signs of domestic abuse, the professional can approach the subject with a child or a mother with a framing question. That is, the question should be 'framed' so that the subject is not suddenly and awkwardly introduced, e.g:
- For a mother: "As domestic abuse is so common, we now ask everyone who comes into our service if they experience this. This is because it affects people's safety, health and well-being, and our service wants to support and keep people as safe as possible";
 - For a child: "We know that many mums and dads have arguments, does that ever happen in your family?"
- 7.1.2 The professional should explain the limits of confidentiality and his/her safeguarding responsibilities. For more information about confidentiality and sharing information, please see section regarding sharing information in the *Child Protection Procedures*.
- 7.1.3 If the child or mother says s/he has been abused, the professional should ask clarification questions such as those set out in [appendix 4. Communicating with a child](#) and [appendix 5. Clarification questions for a mother](#).
- 7.1.4 Professionals should not press the child for answers, instead:
- Listen and believe what the child says;
 - Reassure the child/ren that the abuse is not their fault, and it is not their responsibility to stop it from happening; and
 - Give several telephone numbers, including local police community safety units, local domestic abuse advocacy services (please refer to locally produced information), LA children's social care, the Childline number (0800 1111), and the NSPCC Child Protection Helpline (0800 800 5000 or Text 88858).

7.2 Enabling disclosure for an abusive partner

- 7.2.1 Professionals should be alert to and prepared to receive and clarify a disclosure about domestic abuse from an abusive partner / father. Professionals may have contact with a man on his own (e.g. a GP or substance misuse or mental health service) or in the context of a family (e.g. to a school, accident and emergency unit, maternity service or LA children's social care). He may present with a problem such as substance misuse, stress, depression or psychosis or aggressive or offending behaviour – without reference to abusive behaviour in his household / relationship.
- 7.2.2 If the man states that domestic abuse is an issue, or the professional suspects that it is, the professional should:
- Establish if there are any children in the household and, if so, how many and their ages;
 - If there are children, tell the man that children are always affected by living with domestic abuse, whether or not they witness it directly;
 - Explain the limits of confidentiality and safeguarding responsibilities;
 - Consider whether the level of detail disclosed is sufficient. If not, the professional may need to ask clarification questions such as those set out in [appendix 10. Working with abusive partners](#);
 - Be clear that abuse is always unacceptable and that abusive behaviour is a choice;
 - Be respectful, affirm any accountability shown by the man, but not collude.
- 7.2.3 The professional should act to safeguard the child/ren and/or their mother by:
- Informing their line manager and their agency's nominated safeguarding children adviser;
 - Using the risk identification matrix with the information available at the time to assess the degree of risk of harm to the child/ren. The professional should consult with the nominated safeguarding children adviser, in line with local procedures.
 - Respond to the child/ren and their mother in line with all sections in this procedure; and
 - Respond to the abusive partner in line with all sections in this procedure.
- 7.2.4 Professionals should be aware that the majority of abusive partners will deny or minimise domestic abuse.

8. Responding to domestic abuse

8.1 Professionals' responsibilities

- 8.1.1 Professionals will work with many women who are experiencing domestic abuse and have not disclosed. Research suggests that women usually experience an average of 35 incidents before reporting it to the police¹⁵.
- 8.1.2 Professionals should offer all children and women, accompanied or not, the opportunity of being seen alone (including in all assessments) with a female

¹⁵ Yearnshire (1997)

practitioner, wherever practicable, and asked whether they are experiencing or have previously experienced domestic abuse.

- 8.1.3 Professionals in all agencies are in a position to identify or receive a disclosure about domestic abuse. Professionals should be alert to the signs that a child or mother may be experiencing domestic abuse, or that a father / partner may be perpetrating domestic abuse.
- 8.1.4 Professionals should never assume that somebody else will take care of the domestic abuse issues. This may be the child, mother or abusing partner's first or only disclosure or contact with services in circumstances which allow for safeguarding action.
- 8.1.5 Professionals must ensure that their attempts to identify domestic abuse and their response to recognition or disclosure of domestic abuse do not trigger an escalation of violence.
- 8.1.6 In particular, professionals should keep in mind that:
- The issue of domestic abuse should only ever be raised with a child or mother when they are safely on their own and in a private place; and
 - Separation does not ensure safety, it often at least temporarily increases the risk to the child/ren or mother.

8.2 Information sharing

- 8.2.1 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.
- 8.2.2 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. See *Local Child Protection Procedures*.
- 8.2.3 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.

8.3 Disclosure and/or recognition

- 8.3.1 Professionals in all agencies are likely to become aware of domestic abuse through:
- Disclosure prompted by the professional's routine questioning or identification of signs that domestic abuse could be taking place;
 - Unprompted disclosure from a child, mother or abuser; or
 - Third party information (e.g. neighbours or family members).
- 8.3.2 Information from the public, family or community members must be taken sufficiently seriously by professionals in statutory and voluntary agencies. Recent research evidence indicates that failure to do so has been a contributory factor at least two-thirds of cases where a child has been seriously harmed or died in London.
- 8.3.3 Information could also come in the form of information shared by another agency or group, which a professional decides to respond proactively to because s/he becomes concerned that the agency or group which shared the information is not responding appropriately to support the child/ren and/or their mother.

8.4 Agency / community or other group responsibilities in enabling disclosure and/or recognition

8.4.1 Agencies / community and other groups should create a supportive environment by ensuring that:

- Staff receive domestic abuse training appropriate to their professional role (i.e. basic, enhanced, advanced), via Local Safeguarding Children Board training;
- Information about domestic abuse may be available in a range of languages and different formats, giving information about domestic abuse, inviting children and mothers to seek help and giving contact details of local support services; including the telephone numbers for local police community safety units, local domestic abuse advocacy services (please refer to locally produced information), LA children's social care, the Childline number (0800 1111), and the NSPCC Child Protection Helpline (0808 800 5000) or text 88858.
- Where interpreters are employed to translate, they are professionals (with clear Criminal Records Bureau checks) not family members, children or friends.

8.4.2 It is good practice to incorporate routine enquiry about domestic abuse into health, social care and police assessments. Routine enquiry has been effective in increasing disclosure, and evidence suggests that victims of domestic abuse are more likely to disclose if they are asked directly. Pregnancy is an opportune time to ask women about domestic abuse as many mothers say that it made them think seriously about the future and how their children might be affected by the violence in the long-term¹⁶.

9 Assessment and intervention

9.1 Information gathering and disclosure

9.1.1 Professionals should validate and support children and mothers who disclose by:

- Listening to what the child / mother says and taking what s/he says seriously;
- Explaining the need to make sure that s/he and others in the family are safe. This will mean by sharing information with professionals who can help the child/ren and/or mother to stay safe (limits of confidentiality).
- Reassuring the child/ren that the abuse (directed towards the mother and possibly also the child/ren) is not their fault, and it is not their responsibility to stop it from happening; and
- Give the child/ren several telephone numbers, including local police community safety units, local domestic abuse advocacy services (please refer to locally produced information), LA children's social care, the Childline number (0800 1111), and the NSPCC Child Protection Helpline (0808 800 5000) or text 88858..

9.1.2 Professionals in agencies other than LA children's social care, health and education / schools should only attempt to enable disclosure, or further disclosure, if they have been trained to do so and are supported by their agency's

¹⁶ Mezey and Brewley (2000)

policies, procedures and safeguarding children supervisory arrangements. If these requirements are met, the professional should see above.

9.1.3 Whether or not a child or mother discloses, when a professional becomes aware of domestic abuse in a family, in order to assess and attend to immediate safety issues for the child/ren, mother and professional, the professional should establish:

- The nature of the violence;
- If there are other children in the household. If so, the number of children and whether any are under 7 years or have special needs (young children and those with special needs are especially vulnerable because they do not have the ability to implement safety strategies and are dependent on their mothers to protect them);
- Whether the mother's partner is with her, and where the children are;
- What a child or mother's immediate fears are;
- Whether there is a need to seek immediate assistance; and
- Whether the child/ren and the mother have somewhere safe to go.

9.1.4 The professional should:

- Where there has been disclosure, support the child and/or mother by taking what s/he says seriously;
- Make an immediate decision, where possible, about whether a child or mother requires treatment or protection from emergency services;
- Where there has been disclosure, ask the child and/or mother what strategies s/he has for keeping him/herself safe (if any). See [section 10. Safety planning](#);
- Record the information and the source of the information;
- Discuss the information / concerns with the agency's nominated safeguarding children adviser and the professional's line manager;
- Use the information in [9.1.4](#) and any other known information about the family to assess the risk of harm to a child and his/her mother. The professional should consult with the nominated safeguarding children adviser, in line with local procedures. See [section 9.2. Assessing the risk of harm to a child](#).

The assessed risk (scale 1 – 4) will assist the professional, the agency's nominated safeguarding children adviser and the line manager in deciding what action to take to support the child/ren and mother. It will be an immediate assessment, as more information becomes available the potential risk of harm to the child/ren may be judged to increase or decrease (i.e. move up or down a scale).

- The assessed risk will also assist the professional, the agency's nominated safeguarding children adviser and the line manager in deciding what action to take in relation to the abuser. See [section 9.2](#) and [section 13. Abusive partners / children](#).

9.2 Assessing the risk of harm to a child

How to use the risk identification matrix in appendix 1:

9.2.1 The risk identification matrix is a tool to assist professionals (the term includes unqualified managers, staff and volunteers) to use the available information to

come to a judgement about the risk of harm to a child. This may include deciding that the available information is not enough to form a sound judgement about the risk.

- 9.2.2 Professionals who have not had specific training should, wherever possible, complete the risk identification matrix together with their agency's nominated safeguarding children adviser.
- 9.2.3 A professional may have a lot or a very little information indicating that domestic abuse is taking place within a family. The professional should look across the whole matrix and tick the description/s of the incidents / circumstances which correspond best to the information available at the time. This is likely to mean ticking several descriptions.

The scale headings at the top of each section indicate the degree of seriousness of each cluster of incidents / circumstances (e.g. scale 1: moderate risk of harm).

- 9.2.4 Each scale has categories to assist professionals to think through whether the information is about the:
- **Evidence of domestic abuse;**
This is the most significant determinant of the scale of risk (moderate through to severe).
 - **Characteristics of the child or situation which are additional 'risk factors' / potential vulnerabilities';**
These are the factors that may increase the risk of children suffering significant harm through the domestic abuse.
 - **Characteristics of the child or situation which are 'protective factors'.**
Professionals should keep in mind that protective factors may help to mitigate risk factors and potential vulnerabilities.

- 9.2.5 A family's situation may mean that there are ticks under more than one scale heading e.g. moderate (scale 1) and moderate to serious (scale 2). Where this is the case, professionals should judge the risk to the child/ren to be at the higher level (in this case, scale 2) and plan accordingly.

- 9.2.6 Professionals should always keep in mind the possibility that a piece of information, currently not known, could significantly raise the threshold of risk for a child.

- 9.2.7 The risk identification matrix in [appendix 1](#) corresponds to the police SPECSS risk identification tool. Police officers should use the SPECSS+ (CUSSCAAM) Tool¹⁷ which includes the part 1 risk identifier as used by Initial Investigating Officers and the part 2 risk assessment that is used for medium and high risk cases.

9.3 Factors which increased vulnerability / risk and appropriate interventions

- 9.3.1 Babies under 12 months old are particularly vulnerable to violence. Where there is domestic abuse in families with a child under 12 months old (including an unborn child), even if the child was not present, any single incident of domestic

¹⁷ The SPECSS+ (CUSSCAAM) Tool can be accessed on the London Safeguarding Children Board website: www.londonscb.gov.uk

abuse will fall within scale 4. Professionals should make a referral to LA children's social care.

- 9.3.2 If there are children under the age of seven in the family, this could raise the level of risk as young children are more vulnerable because they do not have the ability to implement safety strategies and are dependent on their mothers to protect them. In cases such as this, the characteristics of the child and situation which are 'protective' need to be carefully considered.
- 9.3.3 If there is a child or a mother who has special needs, the risk of harm to the child, the mother and other children in the family is increased because the child or mother may not have the ability to implement an effective safety strategy.
If the mother is a vulnerable adult, professionals should follow their local Protection of Vulnerable Adults (POVA) procedure¹⁸.
- 9.3.4 If the child/ren or mothers are from a black or minority ethnic community they may be experiencing additional vulnerabilities.
- 9.3.5 Violence directed towards a mother may draw attention away from the fact that a child in the family may be being sexually or physically abused or targeted in some other way (e.g. the child could be the focus of paranoid thoughts).
- 9.3.6 Professionals should also assure themselves that a child is not perpetrating abuse towards other family members.
- 9.3.7 Women who are pregnant are at significantly greater risk of domestic abuse.
- 9.3.8 Following separation with the abusive partner, women and children are at greater risk especially in the early stages.

¹⁸ Each local authority will have their own procedure for the protection of vulnerable adults. For a generic summary of the contents, see: www.londonscb.gov.uk

DVRIM: Level of risk Moderate Scale 1.
CAF: Level 2 Threshold of need child with additional needs.

Child/ren & families with additional needs. CAF completed
 CAF completed Single Practitioner targeted support - Child/ren under 7yrs/ or with special needs increases risks. The younger the child/ren the higher the risk to their safety. Consider protective factors.

Evidence of Domestic Violence Y S
 1 - 3 minor incidents of physical violence which were short in duration.
 Victim did not seek medical treatment.
 Intense verbal abuse.

Risk factors/ Potential vulnerabilities Y S
 Child/ren were not drawn into incidents.
 Control by abuser is not intense.

Protective factors Y S

Child/mother relationship is nurturing, protective and stable.
 Significant other in child's life - positive and nurturing relationship.
 Presence of child/ren was a restraint for the abuser.
 Abuser accepts responsibility for abuse and violence.
 Abuser indicates genuine remorse and is willing to seek support for abusive behaviour.
 Victim has positive support from family/ friends & community.
 Victim appears emotionally strong (not worn-down by the abuse).
 Victim sought appropriate support and/or is willing to accept help from other agencies.

BME (Black, Minority, Ethnic) Issues: Across all scales

- Ask yourself the following questions:
 If this parent
 1 Cannot speak, read or write English
 2 Fears that the 'State' is authoritarian
 3 Lacks strong social networks
 4 Lives in temporary housing
 5 Is living below the poverty line
 6 Has a child who is of a different appearance and culture to them
 7 Is living in a close-knit community in London
 8 Has a perspective on parenting practices underpinned by culture or faith which are not in line with UK law & cultural norms
 9 Recognises his/her faith or community leader as all powerful
 10 Puts a very high value on preserving family honour and, if this young person...
 11 Is compromised in relation to his/her community
 12 Has strong allegiance to a group or gang

If you need further information, please refer to the BME checklist, downloadable from the LSCB website



DVRIM: Level of risk Moderate to Serious Scale 2.
CAF: Level 2 Threshold of need child with additional needs.

Child/ren & families with additional needs. CAF completed
 CAF completed Single Practitioner targeted support - Child/ren under 7yrs/ or with special needs - at higher risk of emotional/ physical harm - limited self-protection strategies - can raise threshold to Scale 3. Consider protective factors.

Evidence of Domestic Violence Y S
 History of minor/moderate incidents of physical violence-short duration.
 Victim received minor injuries - medical attention not sought.
 Evidence of intimidation/bullying behaviour - pushing/ finger poking/ shoving/ to victim but not towards child/ren - Destruction of property.
 Intense verbal abuse-consistent use of derogatory language.
 Risk of isolation - Abuser attempts to control victims' activities, movements & contact with others.

Risk factors/ Potential vulnerabilities Y S
 Child/ren were present in the home during an incident but did not directly witness.
 Potential likelihood of emotional abuse of children.
BME (Black, Minority, Ethnic) Issues: See Blue Box.
 Disability issues within family - positive support networks.
 Mental health issues - not prolonged or serious. Abuser or victim seeking appropriate help.
 Age of abuser and/or Victim - both have supportive resources and are not isolated.

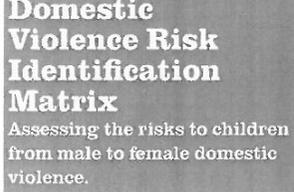
Protective factors Y S

Child/mother relationship is nurturing, protective & stable.
 In spite of abuse, victim was not prevented from seeing to the needs of her child/ren.
 Significant other in child's life - positive and nurturing relationship.
 Older child/ren use coping/ protective strategies.
 Victim attempted to use protective strategies with older child/ren.
 Victim is prepared to take advice on safety issues.
 Victim has insight into the risks to her child/ren posed by the abuse.
 Victim has positive support from family/friends and community.
 Abuser willing to engage in services to address his abusive behaviour.

BME (Black, Minority, Ethnic) Issues: Across all scales

- Ask yourself the following questions:
 If this parent
 1 Cannot speak, read or write English
 2 Fears that the 'State' is authoritarian
 3 Lacks strong social networks
 4 Lives in temporary housing
 5 Is living below the poverty line
 6 Has a child who is of a different appearance and culture to them
 7 Is living in a close-knit community in London
 8 Has a perspective on parenting practices underpinned by culture or faith which are not in line with UK law & cultural norms
 9 Recognises his/her faith or community leader as all powerful
 10 Puts a very high value on preserving family honour and, if this young person...
 11 Is compromised in relation to his/her community
 12 Has strong allegiance to a group or gang

If you need further information, please refer to the BME checklist, downloadable from the LSCB website



DVRIM: Level of risk Serious Scale 3.
CAF: Level 3 Threshold of need child with complex needs.

Child/ren in Need - Children's Services may consider Section 17 but Safeguarding intervention may be necessary if threshold of significant harm is reached. Professional case planning
 Child/ren aged under 7yrs/ or child/ren with special needs can raise threshold to scale 4

Evidence of Domestic Violence Y S
 Incident(s) of serious and/or persistent physical violence in family Increasing in severity/frequency and/or duration - History of previous assaults.
 Victim and/or children indicate that they are frightened of abuser - put in fear by looks, actions, gestures and destruction of property (emotional & psychological abuse).
 Recent separation - repeated separation/reconciliation/ongoing couple conflict.
 Stalking/harassment of mother/children - Increased risk of isolation.
 Abuse through the use of texting/social networking sites.
 Abuser breaching bail conditions/civil protective orders / non-contact orders.
 Victim required medical treatment but not sought/or explanation for injuries implausible.
 Recurring or frequent requests for police intervention.
 Incident(s) of violence occur in presence of child/ren - consider duration of exposure.
 Threats of harm to mother/and or children.
 Excessive jealousy/possessiveness of abuser - domineering in relationship.
 Financial control maintained by abuser.
 Abuser has history of domestic violence in previous relationships.

Risk factors/ Potential vulnerabilities Y S
 Mental health issues - abuser and/or victim-raises concern.
 Substance abuse by abuser and/or victim-raises concern.
 Abuser's and/or victim's infidelity is a source of conflict/anger
 Strong likelihood of emotional abuse of child/ren - may display behavioural problems.
 Child/ren unable to activate safety strategies due to fear or intense control by abuser.
 Lack of safe significant other as a positive support to child.
 Child contact issues - domestic abuse occurring at contact.
 Older children /Adolescent - increased risk of intervening in abuse and emerging concerns re self harm.
 Abuser suspected of using physical abuse towards child/ren.
 Abuser shows lack of insight/empathy into how his behaviour affects children/victim.
 Abuser's minimisation of abuse-lack of remorse/guilt.
 Abuser is Boyfriend/Father figure. Family unit has step-siblings.
 Abuser's abuse of pets/animals/used to intimidate.

Protective factors Y S

Emerging concerns about emotional stability of abuser's relationship with child/ren/ limited parenting capacity & lack of protective abilities.
 Emerging concerns about emotional stability of child/mother relationship (parenting capacity and protective concerns).
 Emerging concerns of neglect of child/ren's emotional and physical needs-missed health appointments/poor living conditions.
 Abuser's use of avoidance/resistance to engage in services increases risk level to children.
 Victim fears statutory services - avoidance & resistance to engage increases risk to children.
 Family/Relatives/neighbours reports concerns re victim/children.
 Victim has experienced domestic violence in previous relationships.
BME (Black, Minority, Ethnic) Issues: See Blue Box.
 Adult learning difficulties-abuser and/or victim-raises concern.
 Disability issues within family - isolation.
 Age disparities of Abuser/Victim - under 25 with limited support with personal vulnerabilities.
 History of childhood abuse/disruptive childhood experiences - abuser and/or victim.
 Collusion issues present in extended families/friends - not supportive for victim/children.
 Recent life crises/stress factors - i.e unemployment, financial problems, illness, death.

Protective factors Y S

Older child/ren use protective strategies.
 Victim will seek positive support from significant other.
 Victim - attempts to use protective strategies but abuser's violence & control is intense.
 Victim will engage with supportive services and seek safety advice - be alert to abuser's control interfering with her level of commitment to engage.
 Limited protective factors are present - serious level of violence and psychological abuse of victim, emotional abuse of child/ren and Domestic Violence risk factors predict recidivism.
 Use of kinship placements as a protective factor - be alert to domestic violence having occurred or occurring in extended families.

Protective factors Y S

Older child/ren use protective strategies.
 Victim will seek positive support from significant other.
 Victim - attempts to use protective strategies but abuser's violence & control is intense.
 Victim will engage with supportive services and seek safety advice - be alert to abuser's control interfering with her level of commitment to engage.
 Limited protective factors are present - serious level of violence and psychological abuse of victim, emotional abuse of child/ren and Domestic Violence risk factors predict recidivism.
 Use of kinship placements as a protective factor - be alert to domestic violence having occurred or occurring in extended families.

DVRIM: Level of risk Severe Scale 4.
CAF: Level 4 Threshold of need child with acute needs - at risk of being a 'looked after' child.

Child in need of Protection - Children's Services consider if Section 47 enquiry and core assessment intervention are required. Child/ren may be at risk of being 'looked after'.

Evidence of Domestic Violence Y S
 Repeated serious and/or severe physical violence - life threatening violence. Attention to the frequency, duration and severity of violent behaviour children exposed to.
 Use/assault with weapons.
 Abuser's violation of protective and/or child contact orders.
 Criminal history of abuser, gangland connections, generalised aggression, history of anti-social behaviour, aggression towards previous partners/family members, military service/training.
 Intense stalking/harassment behaviour of abuser - Increased risk of isolation.
 Recurring or frequent requests for police intervention.
 Victim requires treatment for injuries sustained - Medical attention required but not sought or injuries explanation is implausible.
 Threats to kill or seriously injure victim and/or children
 Victim is very frightened of abuser - believes intent of threats - Retaliatory violence a concern.
 Victim is intensively controlled/may present as submissive - worn down by abuse.
 Victim is pregnant/victim is abused in post natal period/recently separated with new baby raises risk level.
 Confirmed emotional/psychological/abuse of mother.
 Sexual assault/suspected sexual abuse of victim.
 Incidences of violence witnessed & occurred in presence of children - distressed/aftermath of incident. Child/ren have directly intervened in incidences.
 Child/ren summon help/discloses-immediate heightened risk to this child of being 'punished' /adverse reaction from abuser and/or mother-assess adult's reaction to child's disclosure.Child/ren may disclose another form of abuse to draw attention to the situation.
 Child/ren have been physically assaulted/abused.
 Confirmed emotional abuse of child/ren.
 Suspected/confirmed sexual abuse of child/ren.
 Abuser is a perpetrator of child abuse but may not have been prosecuted. Known to MAPPA.
 Victim has been identified by DASH-MARAC process as high risk.

Risk factors/ Potential vulnerabilities Y S
 Mental health issues - abuser and/or victim-raises concern.
 Substance abuse by abuser and/or victim-raises concern.
 Abuser's and/or victim's infidelity is a source of conflict/anger
 Strong likelihood of emotional abuse of child/ren - may display behavioural problems.
 Child/ren unable to activate safety strategies due to fear or intense control by abuser.
 Lack of safe significant other as a positive support to child.
 Child contact issues - domestic abuse occurring at contact.
 Older children /Adolescent - increased risk of intervening in abuse and emerging concerns re self harm.
 Abuser suspected of using physical abuse towards child/ren.
 Abuser shows lack of insight/empathy into how his behaviour affects children/victim.
 Abuser's minimisation of abuse-lack of remorse/guilt.
 Abuser is Boyfriend/Father figure. Family unit has step-siblings.
 Abuser's abuse of pets/animals/used to intimidate.

Protective factors Y S

Emerging concerns about emotional stability of abuser's relationship with child/ren/ limited parenting capacity & lack of protective abilities.
 Emerging concerns about emotional stability of child/mother relationship (parenting capacity and protective concerns).
 Emerging concerns of neglect of child/ren's emotional and physical needs-missed health appointments/poor living conditions.
 Abuser's use of avoidance/resistance to engage in services increases risk level to children.
 Victim fears statutory services - avoidance & resistance to engage increases risk to children.
 Family/Relatives/neighbours reports concerns re victim/children.
 Victim has experienced domestic violence in previous relationships.
BME (Black, Minority, Ethnic) Issues: See Blue Box.
 Adult learning difficulties-abuser and/or victim-raises concern.
 Disability issues within family - isolation.
 Age disparities of Abuser/Victim - under 25 with limited support with personal vulnerabilities.
 History of childhood abuse/disruptive childhood experiences - abuser and/or victim.
 Collusion issues present in extended families/friends - not supportive for victim/children.
 Recent life crises/stress factors - i.e unemployment, financial problems, illness, death.

Protective factors Y S

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 Limited protective factors are present - serious level of violence and psychological abuse of victim, emotional abuse of child/ren and Domestic Violence risk factors predict recidivism.
 Use of kinship placements as a protective factor - be alert to domestic violence having occurred or occurring in extended families.

Protective factors Y S

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 Use of kinship placements as a protective factor - be alert to domestic violence having occurred or occurring in extended families.

DVRIM: Level of risk Severe Scale 4.
CAF: Level 4 Threshold of need child with acute needs - at risk of being a 'looked after' child.

Child in need of Protection - Children's Services consider if Section 47 enquiry and core assessment intervention are required. Child/ren may be at risk of being 'looked after'.

Evidence of Domestic Violence Y S
 Repeated serious and/or severe physical violence - life threatening violence. Attention to the frequency, duration and severity of violent behaviour children exposed to.
 Use/assault with weapons.
 Abuser's violation of protective and/or child contact orders.
 Criminal history of abuser, gangland connections, generalised aggression, history of anti-social behaviour, aggression towards previous partners/family members, military service/training.
 Intense stalking/harassment behaviour of abuser - Increased risk of isolation.
 Recurring or frequent requests for police intervention.
 Victim requires treatment for injuries sustained - Medical attention required but not sought or injuries explanation is implausible.
 Threats to kill or seriously injure victim and/or children
 Victim is very frightened of abuser - believes intent of threats - Retaliatory violence a concern.
 Victim is intensively controlled/may present as submissive - worn down by abuse.
 Victim is pregnant/victim is abused in post natal period/recently separated with new baby raises risk level.
 Confirmed emotional/psychological/abuse of mother.
 Sexual assault/suspected sexual abuse of victim.
 Incidences of violence witnessed & occurred in presence of children - distressed/aftermath of incident. Child/ren have directly intervened in incidences.
 Child/ren summon help/discloses-immediate heightened risk to this child of being 'punished' /adverse reaction from abuser and/or mother-assess adult's reaction to child's disclosure.Child/ren may disclose another form of abuse to draw attention to the situation.
 Child/ren have been physically assaulted/abused.
 Confirmed emotional abuse of child/ren.
 Suspected/confirmed sexual abuse of child/ren.
 Abuser is a perpetrator of child abuse but may not have been prosecuted. Known to MAPPA.
 Victim has been identified by DASH-MARAC process as high risk.

Risk factors/ Potential vulnerabilities Y S
 Mental health issues - abuser and/or victim-raises concern.
 Substance abuse by abuser and/or victim-raises concern.
 Abuser's and/or victim's infidelity is a source of conflict/anger
 Strong likelihood of emotional abuse of child/ren - may display behavioural problems.
 Child/ren unable to activate safety strategies due to fear or intense control by abuser.
 Lack of safe significant other as a positive support to child.
 Child contact issues - domestic abuse occurring at contact.
 Older children /Adolescent - increased risk of intervening in abuse and emerging concerns re self harm.
 Abuser suspected of using physical abuse towards child/ren.
 Abuser shows lack of insight/empathy into how his behaviour affects children/victim.
 Abuser's minimisation of abuse-lack of remorse/guilt.
 Abuser is Boyfriend/Father figure. Family unit has step-siblings.
 Abuser's abuse of pets/animals/used to intimidate.

Protective factors Y S

Emerging concerns about emotional stability of abuser's relationship with child/ren/ limited parenting capacity & lack of protective abilities.
 Emerging concerns about emotional stability of child/mother relationship (parenting capacity and protective concerns).
 Emerging concerns of neglect of child/ren's emotional and physical needs-missed health appointments/poor living conditions.
 Abuser's use of avoidance/resistance to engage in services increases risk level to children.
 Victim fears statutory services - avoidance & resistance to engage increases risk to children.
 Family/Relatives/neighbours reports concerns re victim/children.
 Victim has experienced domestic violence in previous relationships.
BME (Black, Minority, Ethnic) Issues: See Blue Box.
 Adult learning difficulties-abuser and/or victim-raises concern.
 Disability issues within family - isolation.
 Age disparities of Abuser/Victim - under 25 with limited support with personal vulnerabilities.
 History of childhood abuse/disruptive childhood experiences - abuser and/or victim.
 Collusion issues present in extended families/friends - not supportive for victim/children.
 Recent life crises/stress factors - i.e unemployment, financial problems, illness, death.

Protective factors Y S

Older child/ren use protective strategies.
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 Victim - attempts to use protective strategies but abuser's violence & control is intense.
 Victim will engage with supportive services and seek safety advice - be alert to abuser's control interfering with her level of commitment to engage.
 Limited protective factors are present - serious level of violence and psychological abuse of victim, emotional abuse of child/ren and Domestic Violence risk factors predict recidivism.
 Use of kinship placements as a protective factor - be alert to domestic violence having occurred or occurring in extended families.

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Evidence of Domestic Violence Y S
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 Criminal history of abuser, gangland connections, generalised aggression, history of anti-social behaviour, aggression towards previous partners/family members, military service/training.
 Intense stalking/harassment behaviour of abuser - Increased risk of isolation.
 Recurring or frequent requests for police intervention.
 Victim requires treatment for injuries sustained - Medical attention required but not sought or injuries explanation is implausible.
 Threats to kill or seriously injure victim and/or children
 Victim is very frightened of abuser - believes intent of threats - Retaliatory violence a concern.
 Victim is intensively controlled/may present as submissive - worn down by abuse.
 Victim is pregnant/victim is abused in post natal period/recently separated with new baby raises risk level.
 Confirmed emotional/psychological/abuse of mother.
 Sexual assault/suspected sexual abuse of victim.
 Incidences of violence witnessed & occurred in presence of children - distressed/aftermath of incident. Child/ren have directly intervened in incidences.
 Child/ren summon help/discloses-immediate heightened risk to this child of being 'punished' /adverse reaction from abuser and/or mother-assess adult's reaction to child's disclosure.Child/ren may disclose another form of abuse to draw attention to the situation.
 Child/ren have been physically assaulted/abused.
 Confirmed emotional abuse of child/ren.
 Suspected/confirmed sexual abuse of child/ren.
 Abuser is a perpetrator of child abuse but may not have been prosecuted. Known to MAPPA.
 Victim has been identified by DASH-MARAC process as high risk.

Risk factors/ Potential vulnerabilities Y S
 Mental health issues - abuser and/or victim-raises concern.
 Substance abuse by abuser and/or victim-raises concern.
 Abuser's and/or victim's infidelity is a source of conflict/anger
 Strong likelihood of emotional abuse of child/ren - may display behavioural problems.
 Child/ren unable to activate safety strategies due to fear or intense control by abuser.
 Lack of safe significant other as a positive support to child.
 Child contact issues - domestic abuse occurring at contact.
 Older children /Adolescent - increased risk of intervening in abuse and emerging concerns re self harm.
 Abuser suspected of using physical abuse towards child/ren.
 Abuser shows lack of insight/empathy into how his behaviour affects children/victim.
 Abuser's minimisation of abuse-lack of remorse/guilt.
 Abuser is Boyfriend/Father figure. Family unit has step-siblings.
 Abuser's abuse of pets/animals/used to intimidate.

Protective factors Y S

Emerging concerns about emotional stability of abuser's relationship with child/ren/ limited parenting capacity & lack of protective abilities.
 Emerging concerns about emotional stability of child/mother relationship (parenting capacity and protective concerns).
 Emerging concerns of neglect of child/ren's emotional and physical needs-missed health appointments/poor living conditions.
 Abuser's use of avoidance/resistance to engage in services increases risk level to children.
 Victim fears statutory services - avoidance & resistance to engage increases risk to children.
 Family/Relatives/neighbours reports concerns re victim/children.
 Victim has experienced domestic violence in previous relationships.
BME (Black, Minority, Ethnic) Issues: See Blue Box.
 Adult learning difficulties-abuser and/or victim-raises concern.
 Disability issues within family - isolation.
 Age disparities of Abuser/Victim - under 25 with limited support with personal vulnerabilities.
 History of childhood abuse/disruptive childhood experiences - abuser and/or victim.
 Collusion issues present in extended families/friends - not supportive for victim/children.
 Recent life crises/stress factors - i.e unemployment, financial problems, illness, death.

Protective factors Y S

Older child/ren use protective strategies.
 Victim will seek positive support from significant other.
 Victim - attempts to use protective strategies but abuser's violence & control is intense.
 Victim will engage with supportive services and seek safety advice - be alert to abuser's control interfering with her level of commitment to engage.
 Limited protective factors are present - serious level of violence and psychological abuse of victim, emotional abuse of child/ren and Domestic Violence risk factors predict recidivism.
 Use of kinship placements as a protective factor - be alert to domestic violence having occurred or occurring in extended families.

Protective factors Y S

Older child/ren use protective strategies.
 Victim will seek positive support from significant other.
 Victim - attempts to use protective strategies but abuser's violence & control is intense.
 Victim will engage with supportive services and seek safety advice - be alert to abuser's control interfering with her level of commitment to engage.
 Limited protective factors are present - serious level of violence and psychological abuse of victim, emotional abuse of child/ren and Domestic Violence risk factors predict recidivism.
 Use of kinship placements as a protective factor - be alert to domestic violence having occurred or occurring in extended families.

10 Safety planning

10.1 Safety planning

- 10.1.1 Safety planning for mothers and children is key to all interventions to safeguard children in domestic abuse situations. All immediate and subsequent assessments of risk to child/ren and their mother should include a judgement on the family's existing safety planning. Emergency safety plans should be in place whilst assessments, referrals and interventions are being progressed.
- 10.1.2 In some cases which reach threshold scale 4 (severe risk of harm to the child/ren), the emergency safety plan / strategy should be for the child/ren and, if possible, the mother, not to have contact with the abuser.
- 10.1.3 Professionals in agencies other than police, LA children's social care, health and education / schools professionals should only attempt to agree detailed safety planning with a child or mother if they have been trained to do so and are supported by their agency's policies, procedures and safeguarding children supervisory arrangements. If these requirements are met, the professional should follow [section 10.2](#) below.

10.2 Safety planning with mothers

- 14.2.1 Professionals should use the proforma in [appendix 8. Safety planning with women](#) to help the mother develop a safety plan. Safety planning needs to begin with an understanding of the mother's views of the risks to herself and her child/ren and the strategies she has in place to address them.

10.3 Remaining with an abusive partner

- 10.3.1 A key question is whether a mother plans to remain in the relationship with the abusive partner. If she does, professionals should assess the risk of harm to the children using the risk identification matrix, to decide whether the risks of harm to the children can be managed with such a plan.
- 10.3.2 If the mother is choosing not to separate, then the abusive partner will need to be involved in the assessment and intervention. Professionals should make all reasonable efforts to engage him and refer him to an appropriate perpetrator programme.
- 10.3.3 Professionals need to consider with the mother the actions required prior to contacting the abusive partner to ensure her and the children's safety. Specifically, professionals should not tell him what the allegations are before having developed a safety plan for this with the mother and children.
- 10.3.4 If a professional addressing concerns with the abusive partner will put the mother and children at further risk, then the professional and the mother should plan for separation.
- 10.3.5 See also [section 13. Abusive partners / children](#).

10.4 Separation

- 10.4.1 If a mother wants separation, professionals need to ensure that there is sufficient support in place to enact this plan. Specifically, professionals should be aware that separation itself does not ensure safety, it often at least temporarily increases the risk to the child/ren or mother.
- 10.4.2 The possibility of removing the abusive partner rather than the mother and child/ren should be considered first. See [appendix 7. Legal and housing options](#).

- 10.4.3 The obstacles in the way of a mother leaving an abusive partner are the same as those which prevent mothers from disclosing the domestic abuse in the first place – fears that the separation will be worse than the current situation or fatal. See [section 6.1 Barriers to disclosure for mothers](#).
- 10.4.4 Professionals need to be aware that separation may not be the best safety plan if the mother is not wholly committed to leaving, and in consequence may well return.
- 10.4.5 Where a professional and a mother disagree about the need for separation, the professional's task is to convey to the mother that her reasons for wanting to stay are understood and appreciated. However, if the threshold of significant harm is reached (threshold scale 4) the professional must make a referral to LA children's social care in line with the *Local Child Protection Procedures* or call for a child protection conference or removal of the children - see *Local Child Protection Procedures*.
- 10.4.6 **Where the risk is assessed as being threshold scale 1 or 2:**
- Key agencies which may be involved in the CAF and the safety planning are the school, health, LA housing, an advocacy service, the police community safety unit, Women's Aid or Refuge – as appropriate. A professional should be nominated to proactively engage with the mother and maintain contact, particularly immediately after separation.
- 10.4.7 Professionals should keep the safety of the children constantly under review, re-assessing the risk of harm using the risk identification matrix in the light of any new information. If the risk of harm to the child/ren rises to scales 3 or 4, the lead professional must follow the procedures set out in the *Local Child Protection Procedures* including, as appropriate, contacting or making a referral to LA children's social care in line with the *Local Child Protection Procedures*.
- 10.4.8 Mothers need to know from the outset that this process may need to be enacted.
- 10.4.9 **Where the risk is assessed as being threshold scale 3 or 4:**
- LA children's social care should advise on or lead the safety planning.
- 10.5 Safety planning with children and young people**
- 10.5.1 As soon as a professional becomes aware of domestic abuse within a family, s/he should use the proforma in [appendix 9. Safety planning with children and young people](#) to work with the mother and each child, according to their age and understanding¹⁹, to develop a safety plan. If a safety plan already exists, it should be reviewed.
- 10.5.2 The plan should emphasise that the best thing a child can do for themselves and their mother is not to try to intervene but to keep safe and, where appropriate, to get away and seek help.
- 10.5.3 The child/ren should be given several telephone numbers, including local police community safety units, local domestic abuse advocacy services (please refer to locally produced information), LA children's social care, the Childline number (0800 1111), and the NSPCC Child Protection Helpline (0808 800 5000) or text 88858.
- 10.5.4 When the mother's safety plan involves separation from the abusive partner, the disruption and difficulties for the child/ren need to be considered and addressed.

¹⁹ For a definition of 'Fraser competency' see http://www.nspcc.org.uk/Inform/research/briefings/gillick_wda101615.html.

- 10.5.5 Maintaining and strengthening the mother / child relationship is in most cases key to helping the child to survive and recover from the impact of the violence and abuse.
- 10.5.6 The child/ren will need a long term support plan, with the support ranging from mentoring and support to integrate into a new locality and school / nursery school or attend clubs and other leisure / play activities through to therapeutic services and groupwork to enable the child to share their experiences.
- 10.5.7 Professionals should ensure that in planning for the longer term support needs of the child/ren at all levels, input is received from the full range of key agencies (e.g. the school, health, LA housing, an advocacy service, the police community safety unit, Women's Aid or Refuge, relevant local activity groups and/or therapeutic services).

11 Contact (LA children's social care, specialist agencies and CAFCASS)

- 11.1 Many women, despite a decision to separate, believe that it is in the child/ren's interest to see their father. Others are compelled by the courts to allow contact.
- 11.2 Mothers can be most vulnerable to serious violent assault in the period after separation. Contact can be a mechanism for the abusive partner to locate the mother and children.
- 11.3 Children can also be vulnerable to violent assault as a means of hurting their mother. Men who abuse their partners may use contact with the child/ren to hurt the mother by, for example, verbally abusing the mother to the children or blaming her for the separation. Thus, through contact the child/ren can be exposed to further physical and/or emotional and psychological harm.
- 11.4 Professionals supporting separation plans should consider at an early point the mother's views regarding post-separation contact. The professional should clearly outline for the mother the factors which need to be considered to judge that contact is in the child's best interests.
- 11.5 Professionals should also speak with and listen to each child regarding post-separation contact.
- 11.6 Professionals should complete an assessment of the risks from contact to the mother and child/ren.
- 11.7 Where the assessment concludes that there is a risk of harm, the professional must recommend that no unsupervised contact should occur until a fuller risk assessment has been undertaken by an agency with expertise in working with men who abuse their partners.
- 11.8 Professionals should advise mothers of their legal rights if an abusive partner makes a private law application for contact. This should include the option of asking for a referral to the Children and Family Court Advisory and Support Service (CAFCASS) Safe Contact Project. See <http://www.cafcass.gov.uk/>.
- 11.9 If there is an assessment that unsupervised contact or contact of any kind should not occur, professionals should ensure that this opinion is brought to the attention of any court hearing applications for contact.
- 11.10 Professionals should ensure that any supervised contact is safe for the mother and the child/ren, and reviewed regularly. The child/ren's views should be sought as part of this review process.

12 Young people

See also [appendix 2. Forced marriage of a child and Honour-based violence](#).

- 12.1 Young women in the 16 to 24 age group are most at risk of being victims of domestic abuse. Whilst they are under the age of 18 years, these young women (in some cases teenage mothers) should receive support and safeguarding in line with the [Children Act 1989](#) and [Children Act 2004](#).
- 12.2 For young women aged 18 to 24 years, professionals should follow their local Protection of Vulnerable Adults (POVA) procedure²⁰.
- 12.3 Professionals who come into contact with young people (teachers, school nurses, sexual health professionals, GPs etc) should be aware of the possibility that the young person could be experiencing violence within their relationship.
- 12.4 Professionals with concerns that a young woman / teenage mother is being abused within a relationship should follow this procedure, adapting it to focus on the circumstances and locations in which the young woman / mother meets her partner (e.g. choosing safer venues, locations and peer groups to meet, being able to identify trigger points which lead to violence and practicing safe ways to leave and go home etc).

13 Abusive partners / children

Professionals responding to abusive partners or children should act in accordance with the severity of the violence.

13.1 Working with men who abuse their partners

See also [section 7.2 Enabling disclosure for an abusive partner](#) and [appendix 10. Working with abusive partners](#).

- 13.1.1 The primary aim of work with men who abuse their partners is to increase the safety of children and their mothers. A secondary aim is to hold the abusive partner accountable for his violence and provide him with opportunities to change.
- 13.1.2 Men who abuse their partners will seek to control any contact a professional makes with them or work undertaken with them. Most abusive partners will do everything they can to avoid taking responsibility for their abusive behaviour towards their partner and their child/ren.
- 13.1.3 Where an abusive partner is willing to acknowledge his violent behaviour and seeks help to change, this should be encouraged and affirmed. Such men should be referred to appropriate programmes which work to address the cognitive structures that underpin controlling behaviours. Professionals should avoid referring for anger management, as this approach does not challenge the factors that underpin the abusive partner's use of power and control.
- 13.1.4 When a mother leaves a violent situation, the abusive partner must never be given the address or phone number of where she is staying
- 13.1.5 Professionals should never agree to accept a letter or pass on a message from an abusive partner unless the mother has requested this.

²⁰ Each local authority will have their own procedure for the protection of vulnerable adults. For a generic summary of the contents see: www.londonscb.gov.uk

- 13.1.6 Joint work between an abusive partner and a mother should only be considered where the abusive partner has completed an assessment with an appropriate specialist agency.
- 13.1.7 Men who abuse their partners should be invited to joint meetings with the mother only where it is assessed that it is safe for this to occur. See *Local Child Protection Procedures*.

13.2 Children who abuse family members

- 13.2.1 Children and young people of both genders can direct violence or abuse towards their parents or siblings. The hostile behaviour of children who abuse in this way may have its roots in early emotional harm, for which the child will need support and treatment.
- 13.2.2 Professionals should refer a child who abuses to LA children's social care in line with referral and assessment, in the *Local Child Protection Procedures*. In responding to children who harm, professionals should follow the procedures in the *Local Child Protection Procedures*.

14 Staff safety

- 14.1 Professionals are at risk whenever they work with a family where one or more family members are violent.
- 14.2 Professionals should:
- Be aware that domestic abuse is present but undisclosed or not known in many of the families they work with;
 - Ensure that they are familiar with their agency's safety at work policy;
 - Not undertake a visit to a home alone where there is a possibility that a violent partner may be present, nor see a violent partner alone in the office;
 - Avoid putting themselves in a dangerous position (e.g. by offering to talk to the abuser about the mother or being seen by the abuser as a threat to their relationship);
 - Ensure that any risk is communicated to other agency workers involved with the family.
- 14.3 Managers should ensure that professionals have the appropriate training and skills for working with children and their families experiencing domestic abuse; and use supervision sessions both to allow a professional to voice fears about violence in a family being directed at them; and also to check that safe practice is being followed in all cases where domestic abuse is known or suspected.

Appendix 1: Risk identification matrix (see separate sheet)

Appendix 2: Forced marriage of a child and honour based violence

1.1 Forced marriage of a child

- 1.1.1 A 'forced' marriage, as distinct from a consensual 'arranged' one, is a marriage conducted without the valid consent of both parties and where duress is a factor. Duress cannot be justified on religious or cultural grounds.
- 1.1.2 In 2004, the Government's definition of domestic abuse was extended to include acts perpetrated by extended family members as well as intimate partners. Consequently, acts such as forced marriage and so-called 'honour crimes' (which can include abduction and homicide) now come under the definition of domestic abuse.

Recognition

- 1.1.3 A child who is being forced into marriage is at risk of significant harm through physical, sexual and emotional abuse.
- Significant harm is defined in section 4. Recognition and response, *Local Child Protection Procedures* as a situation where a child is suffering, or is likely to suffer, a degree of physical, sexual and / or emotional harm (through abuse or neglect), which is so harmful that there needs to be compulsory intervention by child protection agencies into the life of the child and their family.
- 1.1.4 Forced marriages encountered in the UK have involved families from South Asia, East Asia, the Middle East, Europe and Africa. The reasons given by parents who force their children to marry include protecting their children, building stronger families and preserving cultural or religious traditions.
- 1.1.5 While there is a presumption that parents want the best for their children, this may result in conflict between their wishes and those of the child. Where parents force their children to marry, the justification for their actions often falls within the following:
- Controlling unwanted behaviour and sexuality (including perceived promiscuity, or being gay, lesbian, bi-sexual or transgender) – particularly the behaviour and sexuality of women;
 - Protecting 'family honour';
 - Responding to peer group or family pressure;
 - Attempting to strengthen family links;
 - Ensuring land, property and wealth remain within the family;
 - Protecting perceived cultural and/or religious ideals (which are often misguided or out of date);
 - Preventing 'unsuitable' relationships (e.g. outside the family's cultural, ethnic, religious or caste group);
 - Assisting claims for residence and citizenship;
 - Fulfilling long standing family commitments;
 - Debt repayment;
 - Alleviation of poverty;
 - Appeasement of an aggrieved family member.
- 1.1.6 Information about a forced marriage may come from the child themselves, one of the child's peer group, a relative or member of the child's local community, or from another professional. Forced marriage may also become apparent when other family issues are addressed, such as domestic abuse, self-harm, child abuse or neglect,

family / young person conflict, a child not attending school or a missing child / runaway.

Response

- 1.1.7 Situations where a child fears being forced into marriage have similarities with both domestic abuse and honour based violence. Forced marriage may involve the child being taken out of the country for the ceremony, is likely to involve non-consensual and/or underage sex, and refusal to go through with a forced marriage has sometimes been linked to so-called 'honour killing'.
- 1.1.8 Professionals should respond in a similar way to forced marriage as with domestic abuse and honour based violence (i.e. in facilitating disclosure, developing individual safety plans, ensuring the child's safety by according them confidentiality in relation to the rest of the family, completing individual risk assessments etc).
- 1.1.9 The needs of victims of forced marriage will vary widely. The child may need help avoiding a threatened forced marriage, or help dealing with the consequences of a forced marriage that has already taken place.
- 1.1.10 Where an allegation of forced marriage or intended forced marriage is raised, the professional should:
- See the child immediately in a secure and private place;
 - See the child on their own;
 - Explain to the child the limits of confidentiality;
 - Tailor their approach according to whether the child is already married or is at risk of being married (e.g. are there indications of a specific plan to force the child to marry?). There may also be information suggesting a child will be taken out of the country, often for a 'holiday' during a vacation period, and professionals should be aware that this could be linked to suspicions or concerns that the child is at risk of forced marriage;
 - Encourage and/or help the child to complete a personal risk assessment (see the proformas in this supplementary London procedure for safeguarding children abused through domestic abuse);
 - Develop an emergency safety plan with the child;
 - Explain all the options to the child (starting with the fact that forced marriage is illegal in the UK) and recognise and respect the child's wishes. If the child does not want LA children's social care to intervene, the professional will need to consider whether the child's wishes should be respected or whether the child's safety requires that further action be taken. This requires the professional to make an assessment of the risk of harm facing the child;
 - Agree a means of discreet future contact with the child;
 - Contact, as soon as possible, the agency's nominated safeguarding children adviser, who should be involved in the assessment of risk;
 - Record all discussions and decisions (including rationale if no decision is made to refer to LA children's social care).
- 1.1.11 Professionals should not:
- Treat such allegations merely as a domestic issue and send the child back to the family home as part of routine child protection procedures. It is not unusual for families to deny that forced marriage was the intention, and

once aware of professional concern they may move the child and bring forward both travel arrangements and the marriage;

- Ignore what the child said or dismiss out of hand the need for immediate protection;
- Approach the child's family, friends or those people with influence within the community without the express consent of the child, as this will alert them to agency involvement / enquiries;
- Contact the family. If the family are approached, they may deny that the child is being forced or was forced to marry, move the child, expedite any travel arrangements, bring forward the forced marriage or harm the child;
- Share information outside child protection information-sharing protocols without the express consent of the child;
- Breach confidentiality, except where necessary in order to ensure the child's safety;
- Attempt to be a mediator. This can put the child at considerable risk of harm, possibly of being murdered.

1.1.12 If a professional and their agency's nominated safeguarding children adviser conclude that the child is at risk of harm, the professional should make a referral to LA children's social care in line with section regarding referral and assessment in the *Local Child Protection Procedures* and, if the situation is acute, the appropriate police child abuse investigation team (CAIT).

Considerations for all agencies

1.1.13 When dealing with allegations of forced marriage, all professionals should:

- Keep information from case files and databases strictly confidential, and preferably restricted to named members of staff only;
- Consider, with their managers, staff safety when visiting the family home and any other settings;
- Get as much information as possible when a case is first reported, as there may not be another opportunity for the individual reporting to make contact - particularly if the child is going overseas;
- When referring a case of forced marriage to other agencies, ensure they are capable of handling the case appropriately. If in doubt, consider approaching established women's groups who have a history of working with survivors of domestic abuse and forced marriage and ask these groups to refer them to reputable agencies;
- Recognise the police responsibility to initiate and undertake a criminal investigation as appropriate;
- Encourage the child to get in touch with the Community Liaison Unit at the Foreign and Commonwealth Office. The Unit gives advice to children who fear they may be forced to marry.

Action by LA children's social care

1.1.14 LA children's social care should respond in line with the relevant sections of these procedures (see referral and assessment, in the *Local Child Protection Procedures* which provides guidance on the difference in LA children's social care between s47 / core assessment and an initial assessment). In an acute situation, LA children's social care should convene an immediate strategy meeting / discussion and proceed

accordingly. See section regarding child protection enquiries, in the *Local Child Protection Procedures*.

- 1.1.15 The situations, and the appropriate LA children's social care responses, are set out in government guidelines for responding to forced marriage situations, in the following five sections.
- A child who fears they may be forced to marry in the UK or overseas;
 - A report by a third party of a child having been taken abroad for the purpose of a forced marriage;
 - A child who has already been forced to marry;
 - A child repatriated to the UK from overseas;
 - A spouse who has come to the UK from overseas.
- 1.1.16 Government guidelines for responding to forced marriage situations are available at: <http://www.adss.org.uk/publications/guidance/marriage.pdf> (social workers) and <http://www.fco.gov.uk/Files/kfile/Health%20Guidelines%20FINAL.pdf> (health professionals)
- 1.1.17 The Association of Chief Police Officers of England Wales and Northern Ireland (ACPO) guidelines for the police for responding to forced marriage situations are available at: http://www.acpo.police.uk/asp/policies/Data/Interactive_Forced_Marriage_2005.pdf
- Local agencies and professionals can contact the [Forced Marriage Unit](#) where experienced caseworkers will be able to offer support and guidance on: 020 7008 0151 or online at <http://www.fco.gov.uk/>
- 1.1.18 LA children's social care should report details of the case, with full family history, to the Community Liaison Unit at the Foreign and Commonwealth Office.
- 1.1.19 Local Safeguarding Children Boards should promote awareness in the local community, voluntary agencies and faith communities that forced marriage is abusive to children and not legal in the UK.

1.2 Honour-based violence

- 1.2.1 Honour based violence is the term used to describe murders in the name of so-called honour, sometimes called 'honour killings'. These are murders in which predominantly women are killed for perceived immoral behaviour, which is deemed to have breached the honour code of a family or community, causing shame.
- The Metropolitan Police definition of so-called honour based violence is: 'a crime or incident, which has or may been committed to protect or defend the honour of the family and/or community'.
- 1.2.2 Professionals should respond in a similar way to cases of honour violence as with domestic abuse and forced marriage (i.e. in facilitating disclosure, developing individual safety plans, ensuring the child's safety by according them confidentiality in relation to the rest of the family, completing individual risk assessments etc).

Recognition

- 1.2.3 A child who is at risk of honour based violence is at significant risk of physical harm (including being murdered) and/or neglect, and may also suffer significant emotional harm through the threat of violence or witnessing violence directed towards a sibling or other family member.

- 1.2.4 Honour based violence cuts across all cultures and communities, and cases encountered in the UK have involved families from Turkish, Kurdish, Afghani, South Asian, African, Middle Eastern, South and Eastern European communities. This is not an exhaustive list.
- 1.2.5 The perceived immoral behaviour which could precipitate a murder include:
- Inappropriate make-up or dress;
 - The existence of a boyfriend;
 - Kissing or intimacy in a public place;
 - Rejecting a forced marriage;
 - Pregnancy outside of marriage;
 - Being a victim of rape;
 - Inter-faith relationships;
 - Leaving a spouse or seeking divorce.
- 1.2.6 Murders in the name of 'so-called honour' are often the culmination of a series of events over a period of time and are planned. There tends to be a degree of premeditation, family conspiracy and a belief that the victim deserved to die.
- 1.2.7 Incidents, in addition to those listed in 5.20.5 above, which may precede a murder include:
- Physical abuse;
 - Emotional abuse, including:
 - house arrest and excessive restrictions;
 - denial of access to the telephone, internet, passport and friends;
 - threats to kill;
 - Pressure to go abroad. Victims are sometimes persuaded to return to their country of origin under false pretences, when in fact the intention could be to kill them.
- 1.2.8 Children sometimes truant from school to obtain relief from being policed at home by relatives. They can feel isolated from their family and social networks and become depressed, which can on some occasions lead to self-harm or suicide.
- 1.2.9 Families may feel shame long after the incident that brought about dishonour occurred, and therefore the risk of harm to a child can persist. This means that the young person's new boy/girlfriend, baby (if pregnancy caused the family to feel 'shame'), associates or siblings may be at risk of harm.

Disclosure and response

- 1.2.10 When receiving a disclosure from a child, professionals should recognise the seriousness / immediacy of the risk of harm.
- 1.2.11 For a child to report to any agency that they have fears of honour based violence in respect of themselves or a family member requires a lot of courage, and trust that the professional / agency they disclose to will respond appropriately. Specifically, under no circumstances should the agency allow the child's family or social network to find out about the disclosure, so as not to put the child at further risk of harm.
- 1.2.12 Authorities in some countries may support the practice of honour-based violence, and the child may be concerned that other agencies share this view, or that they will be returned to their family. The child may be carrying guilt about their rejection of

cultural / family expectations. Furthermore, their immigration status may be dependent on their family, which could be used to dissuade them from seeking assistance.

- 1.2.13 Where a child discloses fear of honour based violence, professionals in all agencies should respond in line with the *Local Child Protection Procedures*. The professional response should include:
- Seeing the child immediately in a secure and private place;
 - Seeing the child on their own;
 - Explaining to the child the limits of confidentiality;
 - Asking direct questions to gather enough information to make a referral to LA children's social care and the police, including recording the child's wishes;
 - Encouraging and/or helping the child to complete a personal risk assessment (see the proformas in the London procedure for safeguarding children abused through domestic abuse);
 - Developing an emergency safety plan with the child;
 - Agreeing a means of discreet future contact with the child;
 - Explaining that a referral to LA children's social care and the police will be made (See referral and assessment in the *Local Child Protection Procedures*).
 - Record all discussions and decisions (including rationale if no decision is made to refer to LA children's social care).
- 1.2.14 LA children's social care should incorporate into their initial and core assessments the safety planning, self-assessment and risk assessment processes in the London procedure for safeguarding children abused through domestic abuse (London Board, 2007).
- 1.2.15 Professionals should not approach the family or community leaders, share any information with them or attempt any form of mediation. In particular, members of the local community should not be used as interpreters.
- 1.2.16 All multi-agency discussions should recognise the police responsibility to initiate and undertake a criminal investigation as appropriate.
- 1.2.17 Multi-agency planning should consider the need for providing suitable safe accommodation for the child, as appropriate.
- 1.2.18 If a child is taken abroad, the Foreign and Commonwealth Office may assist in repatriating them to the UK. See also accessing information from abroad, in the *Local Child Protection Procedures*.

Appendix 3: Key facts about domestic abuse

- The majority of domestic abuse involves heterosexual males abusing their female partners or ex-partnersⁱ (British Crime Surveys 2003/04, 2004/05, 2005/06)
- 16% of violent crimes reported to the British Crime Survey (2005/06) were classified as domestic abuse, with similar figures for the previous yearsⁱⁱ
- Of all the violent crimes investigated by the [Crime Survey for England and Wales \(CSEW\)](#). (which excludes some categories such as child sexual assault and trafficking) domestic abuse is consistently the violent crime least likely to be reported to the policeⁱⁱⁱ
- On average over the years between 1995 and 2006, two women per week in England and Wales were killed by a partner or ex-partner^{iv}
- Women are at greatest risk of being killed at the point of separation or after leaving a violent partner, and 76% of domestic homicides occur after separation^v
- Non fatal domestic abuse and stalking also continue or increase after separation for many women. According to the British Crime Survey, about 20% of domestic abuse incidents are experienced after the relationship has ended^{vi}
- 30% domestic abuse begins or escalates during pregnancy^{vii}.
- 16 – 24 year olds are at greatest risk of suffering domestic abuse^{viii}.
- A significant proportion of perpetrators are also misusing drugs and/or alcohol, although research suggests that most perpetrators are not drug addicts or alcoholics. Of those who are, there is evidence that they use abusive behaviour as much when sober if not more than when under the influence of drugs or alcohol^{ix}.
- In 2002, nearly three quarters of children on the subject of a child protection plan) lived in households where domestic abuse occurs^x.
- In relationships where there is domestic abuse, children witness about three-quarters of incidents. About half the children in such families have themselves been badly hit or beaten. Sexual and emotional abuse are also more likely to happen in these families^{xi}
- Where there is abuse of a woman by a male partner there is sometimes also child physical and sexual abuse involving the same abusive partner. Estimates of the overlap vary but range from 40-60%^{xii}.
- Domestic abuse causes 16% of homelessness^{xiii}
- An audit in Greenwich found that 60% of mental health service users had experienced domestic abuse^{xiii}, and a separate survey of women using mental health services in Leeds found that half of them had experienced domestic abuse^{xiv}.
- A 2003 survey from the BBC found that 29% of men and 22% of women felt that domestic abuse was acceptable in some circumstances^{xv}.
- One third of all female suicide attempts can be attributed to current or past experience of domestic abuse^{xvi}, and 50% of women of Asian origin who have attempted suicide or self-harm are domestic abuse survivors^{xvii}.

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Appendix 4: Communicating with a child

When talking with and listening to a child about domestic abuse professionals should:

- Never promise complete confidentiality – explain your responsibilities;
- Do promise to keep the child informed of what is happening;
- Give the child time to talk and yourself time to understand the situation from the child's perspective;
- Create opportunities for the child to disclose whether in addition to the domestic abuse they are also being, or at risk of being, directly physically or sexually abused by the abusive partner;
- Be straightforward and clear, use age appropriate language;
- Encourage the child to talk to their mother about his/her experience – as appropriate;
- Emphasise that the violence is not the child's fault;
- Let the child know that s/he is not the only children experiencing this;
- Make sure that the child understands it is not his/her responsibility to protect his/her mother, whilst validating the child's concern and any action s/he may have taken to protect their mother;
- Do not assume that the child will hate the abuser, it is likely that s/he may simply hate the behaviour;
- Allow the child to express their feelings about what s/he has experienced;
- Check with the child whether they know what to do to keep themselves safe and have a network of adults who they trust. If not, work on this with them or ensure that any work done with the child by other practitioners includes safety planning. See section 14. Safety planning;
- Recognise that children will have developed their own coping strategies to deal with the impact of violence and abuse. Some of these may be negative in the longer term for the child, but where they are positive they should be drawn on to develop safety strategies for the future;
- Do not assume that the child will consider themselves as being abused
- Do not minimise the violence;
- Offer the child support with any difficulties in school or ensure that any work done with the child by other practitioners includes support in school;
- Give the child information about sources of advice and support s/he may want to use; and
- Give the message that the child can come back to you again.

Clarification questions for a child /

Clarification questions for a child

In order to obtain accurate and reliable information from a child regarding a domestic abuse situation, it is critical that the language and questions are appropriate for the child's age and developmental stage.

1. Types and frequency of exposure to domestic abuse

- What kinds of things do mum and dad (or their girlfriend or boyfriend) fight about?
- What happens when they argue?
- Do they shout at each other or call each other bad names?
- Does anyone break or smash things when they get angry? Who?
- Do they hit one another? What do they hit with?
- How does the hitting usually start?
- How often do your mum and dad argue or hit?
- Have the police ever come to your home? Why?
- Have you ever seen your mum or dad get hurt? What happened?

2. Risks posed by the domestic abuse

- Have you ever been hit or hurt when mum and dad (or their girlfriend or boyfriend) are fighting?
- Has your brother or sister ever been hit or hurt during a fight?
- What do you do when they start arguing or when someone starts hitting?
- Has either your mum or dad hit, hurt or harm your pet?

3. Impact of exposure to domestic abuse

- Do you think about mum and dad (or their girlfriend or boyfriend) fighting a lot?
- Do you think about it when you are at school, while you're playing, when you're by yourself?
- How does the fighting make you feel?
- Do you ever have trouble sleeping at night? Why? Do you have nightmares? If so, what are they about?
- Why do you think they fight?
- What would you like them to do to make it better?
- Are you afraid to be at home? To leave home?
- What or who makes you afraid?
- Do you think it's okay to hit when you're angry? When is it okay to hit someone?
- How would you describe your mum? How would you describe your dad? (or their girlfriend or boyfriend)

4. Protective factors

- What do you do when mum and dad (or their girlfriend or boyfriend) are fighting?
- If the child has difficulty responding to an open-ended question, the worker can ask if the child has:
 - Stayed in the room
 - Left or hidden his/herself
 - Gone for help
 - Gone to an older sibling
 - Asked their parents / the girlfriend or boyfriend to stop
 - Tried to stop the fighting
- Have you ever called the police when your parents (or their girlfriend or boyfriend) are fighting?
- Have you ever talked to anyone about your parents (or their girlfriend or boyfriend) fighting?
- Is there an adult you can talk to about what's happening at home?
- What makes you feel better when you think about your parents (or their girlfriend or boyfriend) fighting?
- Does anybody else know about the fighting?
- Do you have a mobile telephone that you could use in an emergency?

Appendix 5: Clarification questions for a mother

Mothers are usually too afraid or uncomfortable to raise the issue of violence themselves. So be prepared to ask sensitively, but directly:

- Can you tell me what's been happening?
- You seem upset, is everything all right at home?
- Are you frightened of someone / something?
- Did someone hurt you?
- Did you get those injuries by being hit?
- Are you in a relationship in which you have been physically hurt or threatened by your partner?
- Have you ever been in such a relationship?
- Do you ever feel frightened by your partner or other people at home?
- Are you (or have you ever been) in a relationship in which you felt you were badly treated? In what ways?
- Has your partner destroyed things that you care about?
- Has your partner ever threatened to harm your family? Do you believe that he would?
- What happens when you and your partner disagree?
- Has your partner ever prevented you from leaving the house, seeing friends, getting a job or continuing in education?
- Does your partner restrict your access to money or access your Child Benefit or allowances?
- Has your partner ever hit, punched, pushed, shoved or slapped you?
- Has your partner ever threatened you with a weapon?
- Does your partner use drugs or alcohol excessively? If so, how does he behave at this time?
- Do you ever feel you have to walk on eggshells around your partner?
- Have the police ever been involved?
- Have you ever been physically hurt in any way when you were pregnant?
- Has your partner ever threatened to harm the children? Or to take them away from you?

Appendix 6: Multi-agency Risk Assessment Conferencing (MARAC)

1.1 Multi-agency risk assessment conferencing (MARAC)

- 1.1.1 Multi-agency risk assessment conferencing (MARAC), which was developed in South Wales, has been introduced into a number of boroughs to identify victims of domestic abuse who are most at risk of experiencing violence in the future.
- 1.1.2 The key element of MARAC is the risk assessment, which will be carried out by police officers attending incidents of domestic abuse.
- 1.1.3 The risk assessment has three main objectives:
- To gather detailed and relevant information from victims, which can be shared with other agencies;
 - To identify those who will need more intensive support;
 - To make agencies aware of the most dangerous offenders.
- 1.1.4 Information gathered during these risk assessments will then be shared among relevant agencies to promote the safety of abused women and their children.
- 1.1.5 To hold a MARAC requires, at a minimum, that:
- Police identify the very high-risk victims;
 - Police circulate the details of these victims and their children to participating agencies (the MARAC 'list');
 - Police pull the files for these victims and bring them to the meeting;
 - Minutes of the MARAC meeting are taken (currently by police, formerly probation);
 - Minutes of the MARAC meeting are circulated to participating agencies.
- 1.1.6 Additionally, it is expected that:
- All participating agencies check the MARAC list against their own agency's records, in order to collate all the evidence available for the mother, abuser and child/ren;
 - Some agencies, such as the Women's Safety Unit, should also bring relevant files to the meeting;
 - Representatives should take notes at the MARAC, in order to delegate actions to workers;
 - Actions agreed at the MARAC should be progressed;
 - Individual records held at agencies should be updated.
- 1.1.7 The following agencies will always be invited to a MARAC: police, LA children's social care, probation, health, LA education (where relevant). Other statutory or voluntary agencies may also be invited.

Appendix 7: Legal and housing options

Practitioners should inform mothers of these options, but should also always refer mothers to specialist advice services, such as CAB, a Law Centre, Women's Aid or Independent Domestic Abuse Advisors.

Please note that this list is not an exhaustive one and professionals should contact their borough domestic abuse co-ordinators for a local list of specialist agencies.

Domestic abuse is a crime under both civil and criminal law. The legislation is summarised below.

1. Civil action

1.1 Family Law Act 1996 Part IV

1.1.1 The Act provides for a single set of remedies to deal with domestic abuse and to regulate occupation of the family home, through two specific types of order, the non-molestation order and the occupation order.

1.2 Non-molestation orders / injunctions

1.2.1 It is possible to take out an injunction against anyone: e.g. father, husband, son, gay partner, other family member or other household member. An order can prohibit a perpetrator from molesting any named person including any children. The molestation can take the form of physical violence but can also include other forms of violence and harassment. It can include specific injunctions such as instructing a perpetrator to stay away from the home.

1.3 Occupation orders

1.3.1 This may take a number of forms (e.g. enforcing the women's right to remain in the home or restricting the perpetrator's right to occupy it, even if he is a tenant or owner occupier). The court has power to order someone to live only in a certain part of the house or to allow someone back into the house, etc. The court has wide powers to order someone not to surrender a tenancy or remove or destroy the contents of the home.

1.3.2 In most cases such orders are made for short periods of time and do not affect long term rights in the property. In the longer term an application can be made to the court for a tenancy to be transferred. An order may be for a specified period, usually six months, or for open-ended period or until a different order is made if further provisions are needed.

1.3.3 Anyone who is a person who is associated with the respondent may apply for an order and an application may be made on behalf of a relevant child. Associated persons are people who:

- Are or have been married;
- Are or have been civil partners;
- Are or have been co-habitees;
- Have lived in the same household (other than one of them being the other's tenant, lodger, boarder or employee);
- Have agreed to marry;
- In relation to a child, they are both parents or have parental responsibility.

This list is not exhaustive.

1.4 Power of arrest

- 1.4.1 In order to provide better protection, the powers of arrest in relation to the above orders have been strengthened. Where the court makes an occupation or non-molestation order and it appears to the court that the abuser has used or threatened to use violence against the applicant or a relevant child, the court must attach a power of arrest unless it is satisfied that the applicant or child will be adequately protected without such a power. If a power of arrest is attached a person in breach of the order may be arrested without a warrant.

1.5 Court procedure and privacy

- 1.5.1 The woman can be reassured that the court process takes place in a private room at the court, which is not open to members of the public. The woman's solicitor will prepare a written statement for her to sign in support of her application for an injunction and/or occupation order. The woman will need to attend court when her application is heard. The woman's solicitor or barrister will put her case to the judge. Getting an injunction will involve at least one court hearing. Unlike a criminal case, there is no obligation on the opponent to attend - if he does not turn up, an order will be made in his absence.
- 1.5.2 In a dire emergency and/or if it is not safe to give the man prior warning of the application to the court, a court hearing will go ahead without notice to the opponent. Usually an order is granted to the woman. Sometimes the order will provide temporary protection until a further hearing of which the opponent has notice. Otherwise applications are made and the opponent is given prior notice of the court hearing.

1.6 Standard of proof

- 1.6.1 The standard of proof is lower than in a criminal case. The court has to decide whether the allegations of violence are true on the balance of probabilities (in a criminal case, it must be beyond reasonable doubt.) In some cases, perpetrators do not even go to court or contest cases, so evidence such as reports to the police may not be required. However, if the perpetrator does fight the case, it helps if there is medical evidence and incidents have been reported to the police or witnessed by others.

1.7 Housing Acts 1985 and 1996

- 1.7.1 Under Ground 1 Schedule 2 of the Housing Act 1985, a possession order can be granted where an obligation of the tenancy has been broken or not performed. Tenancy agreements should have a clause such as the following, which can be used in relation to domestic abuse:
- 'you or any member of your family must not use or threaten to use violence by using physical, mental, emotional or sexual abuse against anyone legally entitled to live either in your home or in another of our properties'²¹*
- 1.7.2 The Housing Act 1996 added Ground 2A of Schedule 2 to the Housing Act 1985. Under the Act, possession action can be taken against a remaining tenant where their partner has left the family home because of violence or threats of violence and does not intend to return. This ground can be considered when the partner (whether or not they are a tenant) has been rehoused because of violence and the perpetrator is left in occupation (particularly as they may be under-occupying a family sized unit).
- 1.7.3 In such cases, sufficient evidence of violence having occurred is required, which can include evidence provided by any professional the survivor is working with. In

²¹ City West Homes Tenancy Agreement

addition, housing authorities can take injunctive action against a tenant if he is in breach of the terms of his tenancy agreement.

- 1.7.4 Other anti-social behaviour legislation also allows housing powers to act against perpetrators in respect of their tenancies. Practitioners should always seek advice from housing services when considering what options are available to the woman in securing protection for herself and the children. It is good practice to invite housing to meetings arranged to draw up safety plans around women.

2. Criminal action

- 2.1 Metropolitan Police Service (MPS) officers are under a duty to take positive action when investigating domestic abuse offences. There is an expectation that a domestic abuse perpetrator will be arrested in all criminal investigations where there are reasonable grounds to suspect a crime has taken place. Where a criminal offence has not been disclosed it should be noted that an arrest generally cannot be made.
- 2.2 The power to arrest comes from Section 110 of the [Serious Organised Crime and Police Act 2005](#), which amended the powers of arrest available to a constable under section 24 of the Police and Criminal Evidence Act 1984. This has made all offences potentially arrestable in certain circumstances.
- 2.3 The exercise of arrest powers will be subject to a test of necessity based around the nature and circumstances of the offence and the interests of the criminal justice system.
- 2.4 An arrest will only be justified if the constable believes it is necessary for any of the reasons set out below:
- (a) To enable the name of the person in question to be ascertained (in the case where the constable does not know, and cannot readily ascertain, the person's name, or has reasonable grounds for doubting whether a name given by the person as his name is his real name);
 - (b) Correspondingly as regards the person's address (in the case where the constable does not know, and cannot readily ascertain, the person's address, or has reasonable grounds for doubting whether a address given by the person as his name is his real name);
 - (c) To prevent the person in question: -
 - (i) causing physical injury to himself or any other person;
 - (ii) suffering physical injury;
 - (iii) causing loss of or damage to property;
 - (iv) committing an offence against public decency; or
 - (v) causing an unlawful obstruction of the highway;
 - (d) To protect a child or other vulnerable person from the person in question;
 - (e) To allow the prompt and effective investigation of the offence or of the conduct of the person in question;
 - (f) To prevent any prosecution for the offence from being hindered by the disappearance of the person in question.
- 2.5 When considering the need to arrest, the officer should take the following into account;
- The situation of the victim;
 - The nature of the offence;

- The circumstances of the offender; and
- The needs of the investigation.

- 2.6 The CSUs in the majority of cases will be the primary unit to investigate domestic abuse offences. The decision to caution for a domestic abuse offence lies with either the police or the Crown Prosecution Service (CPS). If a police officer decides to caution a domestic abuse perpetrator, they must be at least a substantive Inspector. The MPS guidance is that the officer making the cautioning decision should not be involved in the investigation for both subjectivity and integrity reasons.
- 2.7 It is the role of the CPS to decide on whether a perpetrator should be charged with a criminal offence and what criminal offence(s) should be charged. If there is a disagreement between police and CPS, there is a dispute resolution process to review charging decisions - although ultimately it is the CPS who have the final decision.
- 2.8 The typical offences (though this is not exhaustive) likely to be charged in domestic abuse cases are:

Offences Against the Person Act, 1861	
Section 47	Actual bodily harm (may be physical or psychological injuries.)
Section 20	Unintentional GBH or wounding
Section 18	GBH with intent
Protection from Harassment Act, 1997	
Section 2 / 4	Harassment, fear of violence
Public Order Act, 1986 – Section 3	Affray
Offences Against the Person Act, 1861	
Section 21	Attempted choking, strangulation, and suffocation with intent to commit an indictable offence.
Section 23	Administer poisonous / noxious substances with intent to endanger life.
Common Law Offences	Kidnap, unlawful imprisonment Breach of the peace
Criminal Law Act, 1977 – Section 6	Use / threaten violence to secure entry to premises.
Criminal Justice and Public Order Act, 1994 – Section 51	Intimidating / harm / threat to harm witness
Civil Law Court Order Section 7 Bail Act, 1976	Breach of injunction. Breach of bail.
Offences Against the Person - Section 16	Threats to kill

Sexual Offences Act 2003	Including rape and other sexual offences
---------------------------------	--

- 2.9 Once charged and at court there are numerous orders that can be applied for post sentence (nb. some can be applied for as stand alone orders, though the process is more difficult) to manage the future behaviour of an offender. These include:
- ASBOs: Anti-Social Behaviour Orders, as long as perpetrator and victim do not live in the same household.
 - Restraining Orders can be applied for on successful conviction of Protection of Harassment Act offences.
 - Sexual Offences Protection Orders (SOPOs). These are similar to ASBOs and can be imposed to prevent serious sexual harm. Officers need to liaise with the CPS and remind the Court of its power to impose SOPOs on conviction for specified sexual or violent offences ([Sexual Offences Act 2003](#), Schedules 3 and 5) where the offender poses a risk of serious sexual harm. NB. Committing an Offence W/I to Commit a Sexual Offence (s.62 SOA 2003) means the offender will have to register on the sex offences register (formally known as 'the notification requirements'). It should be noted that these Orders cannot be applied for by police on conviction, but can be imposed by the Courts. The IO should liaise with the MPS' Jigsaw Team to determine what restrictions would be helpful. A SOPO cannot require an offender to do anything; it can only restrict certain conduct.
 - RoSHOs Risk of Sexual Harm Orders. There is no need for any conviction. These are for only for persons over 18 who are deemed to pose a risk of harm to under-16s. Breaching a RoSHO will result in registration on the sex offences register. Essentially these can be used to tackle 'grooming' behaviour.
 - Disqualification Orders (Always Life) (Criminal Justice and Court Services Act 2000). Can be imposed on conviction at Crown Court for offences against children and prohibit any kind of work with children.

2.10 It should also be noted that if offenders are classed as: - violent offenders; or potentially dangerous; or convicted of sexual offences and have to register as registered sex offenders (RSO) on the Sexual Offences Register; they will be managed by the MAPPAs (Multi Agency Public Protection Arrangements). Further information can be obtained from the MPS' Operation Jigsaw teams located on every borough.

3. **Housing options**

Victims of domestic abuse need to consider their housing options for both the short and longer term. If a woman feels she is unable to remain at the family home at least temporarily, the following options could be considered. Note the options of removing the perpetrator as outlined above should always be made known to the woman. Independent Domestic abuse Advisors are a good source of advice and support regarding housing options.

3.1 **The Sanctuary Project**

3.1.1 The Sanctuary Project supports victims of domestic abuse who are at risk of becoming homeless due to domestic abuse from a current or former spouse, partner or close family member.

3.1.2 The Sanctuary Project offers victims of domestic abuse the option to remain safely and securely in their homes, through the installation of free, tailored home security.

Every Sanctuary is tailored to the needs and circumstances of the individual and property involved. Police Crime Prevention Officers visit the home and will recommend appropriate security measures, which is then completed by a private contractor.

3.2 Refuges

3.2.1 Refuges provide safe, emergency temporary accommodation for women and children who need protection from abuse. The workers in the refuges can provide information, advice and support. They can give practical assistance with benefit claims, court appearance etc. However, facilities such as kitchens, bathrooms, and sitting rooms are shared and many refuges will not accept women with boys aged 12 or over.

3.2.2 The 24 hour national domestic abuse helpline (0808 2000 247) is run in partnership by Refuge and Women's Aid. As well as providing general advice and support, these agencies refer women to refuges in London or around the country, or advise on other possibilities if refuges are full.

3.3 Staying with family and friends

3.3.1 Depending on the circumstances, this may be an appropriate short term option. The victim may get more support and it is quick and cheap. However, it may also mean that she is easy for the abuser to find.

3.4 Making a homelessness application

3.4.1 The housing options service will decide whether it is reasonable to expect a victim of domestic abuse to continue to occupy their present accommodation, whether the victim is in priority need and whether the local authority has a duty to provide temporary accommodation. Each case will be assessed on an individual basis.

3.4.2 The local authority may offer temporary accommodation while the case is being investigated. If the local authority then decides that the victim is homeless, has a priority need and there is a duty, self-contained stage 2 accommodation may be offered. However, in many cases this may be out of the borough.

3.4.3 Waiting times in temporary accommodation are lengthy. It may be over two years before an offer of permanent family sized accommodation can be made. It is therefore important to try and get as much information as possible about the situation.

3.4.4 To prevent victims of domestic abuse being asked to visit housing options immediately, a senior case worker can be contacted and details of the case given. A homeless application can be completed and faxed to the caseworker. However, if there is an immediate threat of violence, an appointment must be made with the assessment team that day.

3.5 Management transfers

3.5.1 A management transfer may be an option if the woman is a sole tenant and the perpetrator lives elsewhere. Each case will need to be considered on an individual basis. Advice about legal remedies and specialist support agencies, as outlined above, should be given to enable the woman to take any necessary steps to protect herself and her family while she is waiting for a transfer (it must be noted that the target for rehousing management transfer cases is 12 weeks).

3.6 Out of London

3.6.1 If a sole tenant is experiencing domestic abuse and wishes to move out of the borough, it may be possible to nominate to another council or housing association. It may be possible to offer permanent rehousing quickly out of the area.

3.7 Homes Scheme

- 3.7.1 Realistically, the number of nominations to other London boroughs is limited as they are stretched in terms of their housing stock. It is therefore only those in the greatest need who will be nominated. The demand for family size units is great so there is more chance for those seeking bedsit or one bedroom accommodation

4. Immigration issues

Professionals need to ensure that they have a firm understanding of issues around families with no recourse to public funds and how they can work with these victims, especially in relation to access to Legal Aid and Housing. Professionals may wish to consult the Tower Hamlets Domestic abuse Team's No Recourse Guidance, which is available at www.londonscb.gov.uk.

4.1 Domestic abuse and the two year rule

- 4.1.1 People from abroad who enter or stay in the UK on the basis of marriage or relationship to a spouse/partner who is settled in the UK or is a British citizen are initially given limited leave to remain. They are subjected to a probationary period, at the end of which, with the support of their spouse or partner who is settled in UK, they can apply for indefinite leave to remain. This probationary period was extended to two years in 2003.
- 4.1.2 During the two year period, the partner from abroad is restricted from recourse to public funds. If the relationship breaks down, the partner from abroad becomes liable to be removed from the UK unless they can show the required evidence of domestic abuse under the domestic abuse concession to the rule. Fear that they will be deported is a factor that may inhibit women in such situations disclosing. Perpetrators often use this fear as a tool of control.
- 4.1.3 In such situations, practitioners should seek advice from support agencies as to any women's eligibility to apply under the domestic abuse concessions to the rule.

Appendix 8: Safety planning with women²²

By raising the issue of domestic abuse, we create opportunities to explore ways in which women and children can be safe. A safety plan is a semi-structured way to think about steps that can be taken to reduce risk, before, during and after any violent or abusive incidents. It is important to stress that although a safety plan can reduce the risks of violence they cannot completely guarantee women and children's safety.

Women should not keep the safety plan where it may be discovered by the abusive partner.

Developing a safety plan

Women experiencing violence will already have survival strategies they find effective. It is essential to acknowledge these and use them as guidance for your work. A safety plan is about allowing women to identify the options available to them within the context of their current circumstances. Some questions to ask in drawing up a safety plan:

- Who can you tell about the violence who will not tell your partner/ex-partner?
- Do you have important phone numbers available eg. Family, friends, refuges, police? Do your children know how to contact these people?
- If you left, where could you go?
- Do you ever suspect when your partner is going to be violent? e.g. After drinking, when he gets paid, after relatives visit
- When you suspect he is going to be violent can you go elsewhere?
- Can you keep a bag of spare clothes at a friend's or family member's house?
- Are you able to keep copies of any important papers with anyone else? e.g. passport, birth certificates, benefits book.
- Which part of the house do you feel safest in?
- Is there somewhere for your children to go when he is being violent and abusive (don't run to where your children are as your partner may harm them as well)?
- What is the most dangerous part of your house to be in when he is violent?
- Have you discussed with your children a safety plan for what they need to do during an incident (do not intervene, get away and get help)?

Personal safety plan for women /

²² Adapted from the Stella Project's *Domestic Violence, Drugs and Alcohol Toolkit*

Personal safety plan for women

This safety plan has been adapted from a variety of existing plans. It should be used with women who are escaping violence. Remember it may not be safe for a woman to fill in the plan and take it with her. Always offer to keep any information or documentation on your premises. Drug and alcohol agencies may wish to ask additional questions about how her or her perpetrator’s substance use is affecting the violence she is experiencing.

Suggestions for increasing safety - In the relationship

- I will have important phone numbers available to my children and myself.
- I can telland
.....
about the violence and ask them to call the police if they hear suspicious noises coming from my home.
- If my children are hurt, I will tell
- If I leave my home, I can go (list four places):
.....
..... or
- I can leave extra money, car keys, clothes, and copies of documents with.....
- When I leave, I will bring.....
- To ensure safety and independence, I can: keep change for phone calls with me at all times / keep my mobile phone on me at all times; open my own savings account; rehearse my escape route with a support person; and review safety plan on(date).
- When the violence begins which areas of the house should I avoid? E.g. bathroom (no exit), kitchen (potential weapons)
.....

Suggestions for increasing safety - when the relationship is over

- I can: change the locks; install steel/metal doors, a security system, smoke detectors and an outside lighting system.
- I will inform.....and
..... that my partner no longer lives with me and ask them to call the police if s/he is observed near my home or my children.
- I will tell people who take care of my children, and my children themselves, the names of those who have permission to pick them up. The people who have permission are:
.....
and.....
- When I make phone calls I can use 141 so my number cannot be traced.
- I can tell..... at work about my situation and ask to screen my calls.
- I can avoid shops, banks, and..... that I used when living with my abusive partner.
- If I feel down and ready to return to a potentially abusive situation, I can call.....for support.

Important phone numbers

Police..... Helpline.....
Friends..... Refuge

Items to take checklist

- Identification
- Birth certificates for me and my children
- Benefit books
- Medical cards for me and my children (e.g. children's "red books", school immunisation records etc)
- Phone card, mobile or change for a pay phone
- Money, bankbooks, credit cards
- Keys – house / car / office
- Keys to a friend or relative's house
- Medicine or medication for me and my children
- Driver's license
- Change of clothes for me and my children
- Passport(s), Home Office papers, work permits, national insurance numbers
- Divorce papers and legal orders
- Lease / rental agreement, house deed
- Mortgage payment book, current unpaid bills
- Insurance papers
- Address book
- Pictures, jewellery, items of sentimental value
- Children's favourite toys and/or blankets
- Any proof of abuse, notes, tapes, diary, crime reference numbers, names and numbers of professionals who know.

Appendix 9: Safety planning with children and young people

- This safety plan should not be kept by the child.
- Professionals should give the child no written material except telephone numbers, children can use mobile phone and text messaging to seek help.
- The child needs to rehearse this safety plan with you as part of safety planning intervention.

Child's safety plan

This is my safety plan (name of child)
 and(name of worker)

If there are any angry actions or words in my house – I can't stop it

This is what I can do:

1. GET OUT OF THE WAY

2. Find a safe place. In my house this is

3. If it's **SAFE**, phone the police

- The number is 999.

I will say:

- My name
- My home address
-

- What's happening (i.e. someone is hurting my mum)

4. I can also get help from (i.e. next door)

5. Later I can talk with about what happened

6. If I am hurt I will tell

7. It's OK to feel (e.g. scared, angry etc)

8. The people that know about this plan are:

Me (draw a picture)

Family

Others

Signed (Child)

Mother

Professional Date

Young person's plan

This plan records how to keepsafe

- You have a right to be safe and cared for in a safe place agree
- Violent words and actions at home are not your fault agree
- You cannot stop the violence agree

To protect yourself you can break rules, like: say no, shout, kick and scream if you need help, also:

1. The best thing you can do when there is violence at home is get out of the way agree

To be safe I can do things:

- Get out of the room where the violence is occurring
- The room / place in my house where I feel safe is
- There is a lock on the door yes no

2. The nearest telephone is

If it is safe I can telephone 999, ask for the police. I will need to say:

- My name
- My home address
- What's happening

3. People I can trust in an emergency are:

A code word so they know I need help is

4. My brothers and sisters:
- Have a safety plan too, that I know yes no
 - They know my safety plan yes no
5. If we leave the house I would like to go to
-
- I have a bag of things that are important to me at (safe relative / friend's house)
-
-
6. If I am hurt I will tell (including telephone numbers)
-
- If my mum is hurt I will tell (including telephone numbers)
-
-
7. I can talk about how I feel with (including telephone numbers)
-
8. The people who know this plan are:
- Mother
 - Safe relative / friend
 - Teacher
 - Social worker
 - Others
9. I can't stop the violence but I can do these things to keep safe agree

Signed Date

Mother Date

Practitioner Date

Appendix 10: Working with abusive partners

1. Asking questions

- 1.1 Practitioner's responses to any disclosure, however indirect, could be significant for encouraging responsibility and motivating a man towards change.
- 1.2 If the man presents with a problem such as drinking, stress or depression, for example, but does not refer to his abusive behaviour, these are useful questions to ask:
- How is this drinking / stress at work / depression affecting how you are with your family?
 - When you feel like that what do you do?
 - When you feel like that, how do you behave?
 - Do you find yourself shouting / smashing things?
 - Do you ever feel violent towards a particular person?
 - It sounds like you want to make some changes for your benefit and for your partner / children. What choices do you have? What can you do about it? What help would you like to assist you to make these changes?
- 1.3 If a man responds openly to these prompting questions, more direct questions relating to heightened risk factors may be appropriate:
- It sounds like your behaviour can be frightening. What happens when you get angry with your partner or your family? Do you ever shout at her? Have you ever frightened your partner and your children?
 - Have you ever hit her or pushed her around? What (specific) violence have you used? When did you first lay a hand on her in anger? What's the worst thing you've done in anger? Have you ever assaulted or threatened your partner with a knife or other weapon? What has been the most recent violence?
 - How are the children affected? Have you abused / assaulted your partner in front of the children?
 - Have the police ever been called to the house because of your behaviour?
 - Do you feel unhappy about your partner seeing friends or family - do you ever try to stop her? Did / has your behaviour changed towards your partner during pregnancy?
 - What worries you most about your behaviour? Are you aware of any patterns – is the abuse getting worse or more frequent? How do you think alcohol or drugs affect your behaviour?

The information you gather will be the basis for your decision about how best to engage and what kind of specialist help is required - either for the man or to manage risk.

2. Responding to disclosures from abusive partners

- 2.1 Practitioners can make a difference and influence a family's situation and a child's wellbeing, by following good practice response guidance, such as:
- Be clear that abuse is always unacceptable;
 - Be clear that abusive behaviour is a choice;
 - Affirm any accountability shown by the man;
 - Be respectful and empathic but do not collude;

- Be positive, men can change;
- Do not allow your feelings about the man's behaviour to interfere with your provision of a supportive service;
- Be straightforward; avoid jargon;
- Be clear about the judgement of risk to the children and the consequences of this, including what actions he is expected to take;
- Whatever he says, be aware that on some level he is unhappy about his behaviour;
- Be aware, and tell the man, that children are always affected by living with domestic abuse, whether or not they witness it directly;
- Be aware, and convey to the man, that domestic abuse is about a range of behaviours, not just physical violence (see definition);
- Do not back him into a corner or expect an early full and honest disclosure about the extent of the abuse;
- Be aware of the barriers to him acknowledging his abuse and seeking help (i.e. shame, fear of child protection process, self-justifying anger);
- Be aware of the likely costs to the man himself of continued abuse and assist him to see these.

3. Risk management with abusive partners

- 3.1 Where the mother is indicating she wishes the abusive partner to be involved in her and the child's life, he should be referred to an appropriate perpetrator programme.
- 3.2 When the abusive partner indicates that he is worried about his behaviour, and is ready to take responsibility for his need to change, it may be appropriate to start to discuss plans for keeping his partner safe from his abusive behaviour, prior to work on the programme beginning. This might occur in situations where there is likely to be a delay in starting such work; it should only be undertaken after consultation with the agency offering the perpetrator programme.
- 3.3 Additionally, before undertaking any safety planning / risk management work with an abusive partner, professionals should ensure that the mother is aware of what is being proposed, and that there is confidence that such work will not compromise her safety.
- 3.4 Abusers should be referred to programmes accredited by Respect (see www.respect.uk.net/). Abuser programmes should always be integrated with associated women's services and with specialist child protection services. Abusive partners may also be referred to specialist child protection services (e.g. working with children subject of child protection plans and their families).

Adapted from the Westminster Domestic abuse forum guidelines for working with perpetrators of domestic abuse. The full version of this guidance is available on the WIRE.