



# **Camden Safeguarding Children Board**

Safeguarding children living with domestic abuse: multi-agency guidance

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## 1 Introduction and purpose of guidance

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

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

## 2 Definition of domestic abuse

Domestic abuse is defined as:

Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over, who are or have been intimate partners or family members regardless of gender and sexuality. This can encompass but is not limited to the following types of abuse:

- psychological
- physical
- sexual
- financial
- emotional.

**Controlling behaviour** is defined as a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means for independence, resistance and escape and regulating their everyday behaviour.

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

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

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

The definition of domestic abuse also includes abuse and violence in young people's relationships and in same-sex relationships. The definition also includes all forms of abuse and violence within the family including violence linked to the following:

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

### 3 Information on domestic abuse

Domestic abuse involves behaviour that is intentional and is calculated to exercise power and control within a relationship as appendix 1 illustrates. It is primarily but not solely perpetrated by men against women and is often “invisible”; victims can be reluctant to disclose and may experience up to 35 incidents before seeking help.

These are some of the **risk factors** that professionals should be aware of:

- **A history** of domestic abuse and repeated incidents is a good indication of heightened risk given the reluctance of victims to disclose.
- **Separation** can increase the risk and seriousness of the abuse as the dynamics of the relationship changes; contact with children may be used to continue the abuse.
- **Alcohol use** can increase the likelihood, frequency and seriousness of violence and is more likely to involve the physical abuse of the child. Victims of abuse may use drugs and alcohol to help them cope with the abuse.
- **Pregnancy** can be the trigger for domestic abuse and where it already exists in a relationship can cause its escalation.

- Women **aged between 16 and 24** have the highest risk of being victims of domestic abuse particularly during pregnancy.
- **Homelessness** or the fear of homelessness may keep victims in an abusive relationship or make them more vulnerable to entering an abusive relationship.

**Children can be exposed to domestic abuse in a number of ways.**

- Unborn children can experience violence pre-birth in the womb;
- The child may try to intervene to stop the abuse or protect the victim;
- The child may be verbally or physically assaulted during the domestic abuse;
- The child may be forced or coerced by the perpetrator into joining in the assaults, for example by spying on the victim or taunting them;
- The child may witness the assault either by seeing or hearing the abuse or witnessing the impact on the victim, for example bruises and injuries.

**Indicators of the impact of domestic abuse on children**

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

## 4 Recognising domestic abuse

To help with recognition of domestic abuse, professionals should refer to the Barnardos domestic abuse risk assessment matrix shown at appendix 2 as this sets out the indicators of domestic abuse covering a range of risk levels from low to severe.

Professionals should also be aware of the following:

- Children may be at risk of injury if they try to intervene to protect the victim or younger siblings. Younger children are at higher risk of head and facial injuries as they are likely to be being held by the victim at the time of the assault. Older children are likely to be injured as a result of being pushed or dragged away having intervened.
- Children may experience high levels of fear and anxiety and may worry about the victim and younger siblings and may blame themselves for the abuse. Living with the secrecy and stigma of domestic abuse can lead to lack of self-esteem and self-confidence and make it difficult to maintain friendships.
- Some children may have to become young carers when the victim is not able to parent and an inability of the victim to be emotionally available to the child can negatively affect their attachments.
- The risk of domestic abuse can rise by 30% in pregnancy and is associated with an increased risk of miscarriage and termination, pre-term births and neo-natal deaths, and negative long term health outcomes for the baby. This may be as a result of a victim being unable to attend for ante-natal care.
- However, pregnancy can also provide a “window of opportunity” for intervention to make changes and midwives and other primary health professionals delivering ante-natal care can be crucial in achieving this.
- Domestic abuse can have a negative impact on the victim’s emotional wellbeing and mental health, causing anxiety, withdrawal, depression and loss of confidence. This can negatively affect parenting as the victim becomes emotionally unavailable to children and may neglect their physical care as they focus on placating the perpetrator and avoiding the triggers of abuse.

## 5 Role of agencies

Professionals in all agencies working with family members need to be vigilant and able to recognise the presence of domestic abuse in a family. Professionals should also be confident on how to deal sensitively and discretely with any disclosure of domestic abuse in a way that keeps the victim and children safe. This includes making referrals to the most appropriate service in order to get help and support for the family or to safeguard the child where there are concerns about their safety and welfare.

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

- **Health professionals** are likely to be in contact with victims, children and perpetrators and may witness the physical and mental impact of the abuse on the victim and the child. Victims are more likely to disclose to health professionals as they are viewed as non-judgemental and health services are used universally. Professionals should refer to the Department of Health guidance “Responding to domestic abuse” available at: [Domestic abuse: a resource for health professionals - GOV.UK](#)
- **A&E staff** may be aware of women who present frequently with non-accidental injuries and perpetrators may present with injuries to hands such as fractures. **Midwives** may become aware of the presence of domestic abuse during antenatal care.
- **Health visitors** will be in contact with families when there is the most pressure following the birth of a child and when the child is most vulnerable to harm arising from domestic abuse.
- Victims are more likely to disclose to **GPs** whilst seeking treatment for injuries sustained during the abuse or for unrelated issues as this may be the only opportunity they have to be alone with a professional. Perpetrators may also disclose the abuse to their GP during routine health treatment.
- The **Police** will be called to domestic disturbances that may involve domestic abuse and should routinely ask if there are any children present at the address that they should then see. All incidents of domestic abuse where children are present must be notified to CSSW.

- **Schools and early years providers** such as children's centres, nurseries and childminders may have some contact with victims but are more likely to notice the impact of the abuse of children who may disclose the abuse to staff. Children may start to display aggressive behaviour following a violent incident in the home.
- **Housing staff and estate managers and Community Intervention Officers** may have knowledge of domestic abuse incidents happening in families living in council properties and there may be complaints about noise from neighbours.
- Staff in **Youth services** and **keyworkers in young people's pathway hostels** may know of young people they work with who are the victim or perpetrator of domestic abuse. Some may be accommodated in housing pathway accommodation because of relationships at home have broken down due to domestic abuse.
- **Probation staff and the Youth Offending Service** staff may be working with perpetrators of domestic abuse and may have knowledge on ongoing abuse or be able to provide information in order to assess the risk posed to children. They may also be working with offenders who are victims of domestic abuse.
- **Substance misuse services** are likely to be working with perpetrators and victims and can provide information about how the perpetrators use of substances may heighten risk and whether victims' use of substances is in response to the abuse and the extent to which it may affect parenting.
- **Mental health services** may also be working with perpetrators and victims and can provide information on how mental illness may increase the risk posed by the perpetrator or limit the victim's ability to protect the child.

## 6 Supporting disclosure

All agencies need to be aware that domestic abuse may be a feature of home life for families they work with and need to be able to support victims and children to disclose.



## **6.1 Barriers to seeking help**

- Domestic abuse has the highest rate of repeat incidents and victims face many barriers to seeking help. Often they do not recognise themselves as being victims of abuse until the violence reaches very high levels. They may choose to stay in an abusive relationship because they are financially or emotionally dependent on the perpetrator or believe the perpetrator can change. They may also be fearful that their children will be taken into care.
- Women from minority ethnic groups face additional barriers due to language difficulties or because they are unaware that what they are experiencing is a crime and that help is available. There may also be cultural reasons for not seeking help such as being ostracised by their family and community or because their immigration status is reliant on them remaining in their relationship. There may also be cultural reasons to mistrust the authorities and to feel that it is a family or community issue.
- Professionals should also be aware that women in some BME communities may experience domestic abuse differently. Their extended family may support or condone the domestic abuse for a range of cultural reasons such as maintaining family honour and there may be more than one perpetrator within the extended family.
- Victims who are disabled may be dependent on the perpetrator for care may face greater difficulty in disclosing their abuse or having the opportunity to be seen alone. The fear of isolation or threat of institutional accommodation or dependence on aids and equipment for living may prevent disclosure.
- Children may find it difficult to disclose domestic abuse because they want to protect their parents or worry about the perpetrator being sent to prison. They may have been told by adults not to discuss the abuse and keep it secret. They may also be fearful for their own safety.

## **6.2 Good practice in supporting disclosure**

- Displaying information about domestic abuse services in a prominent place (or discretely such as in toilets) on agency premises can help raise general awareness of the issue.

- Giving victims an opportunity to be seen alone, particularly by a female professional within a private and confidential environment, can raise the likelihood of disclosure. Professionals should always be aware of the presence of the perpetrator during appointments may be a form of control.
- Routine enquiry about domestic abuse and direct questions incorporated into agency assessments can also increase disclosure.
- Health professionals are also likely to be the first contact victims have with agencies when they seek medical treatment after domestic abuse.
- Victims may prefer to approach a worker who they already know and trust, especially if they are not aware of what specific services are available.
- Many disclosures are made to family GPs as victims are likely to be able to see their GP on their own and therefore have an opportunity to disclose. Victims may present with unrelated symptoms including mental health, chronic pain and gynaecological presentations and may respond to a direct enquiry. Evidence suggests that the use of a GP based education and advocacy service like IRIS (identification and referral to improve safety) can help professionals asked about domestic abuse and responding to the answer to keep patients safe and increase disclosure and referral rates.
- Where the victim does not speak English or has a limited understanding of English, professionals should use professionally trained interpreters or advocates from a specialist organisation and should never use a woman's partner, child, family member or 'friends' to interpret.
- Enabling access to information in braille or sign language interpreters can help disabled victims to disclose.

### **6.3 Supporting children to disclose**

It is important that professionals see the domestic abuse through the child's eye and have an understanding of their daily experience of domestic abuse and the impact it has on them.

Professionals should only talk to children about domestic abuse when they feel it is safe for them to talk and should be aware that disclosure may be made over time. Children should be given opportunities to disclose and professionals should introduce the subject of domestic abuse in a sensitive manner.

Children should:

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

## 7 Responding to domestic abuse

Camden follows the London Safeguarding Children Board procedures on safeguarding children affected by domestic abuse and violence available at: [Part A: Core Procedures - London Safeguarding Children Board: Child Protection Procedures](#)

### 7.1 Identification and referral

Under the London Safeguarding Children Board, all incidents of domestic abuse attended by the police where there are children living at the address will be notified to Children's Safeguarding and Social Work (CSSW).

Where other agencies have concerns that a child they work with is living with domestic abuse they should refer to the Barnardos domestic abuse risk assessment matrix shown at appendix 2 in order to inform decisions on making a referral.

It is important that any information relied on to carry out the risk assessment should be recorded in the confidential section of service user records. Information to be used as part of the risk assessment matrix should be gathered from as many sources as possible and although the victim is clearly the most important source of information, professionals should be aware that they may minimise or deny the abuse. Professionals should always try to gather information from the child on their experiences as this will provide information about how the abuse is impacting on them.

A referral should be made for any child where domestic abuse is indicated as being present. Professionals should discuss concerns with their agency's designated safeguarding lead and make a referral using the e-CAF referral form to refer to the Child and Family Contact team. If the family already have an allocated social worker any domestic abuse incident should be reported to them.

Child protection referrals where level 4 risks are present can be made by telephone but must be confirmed in writing by e-CAF referral form within 48 hours.

## 7.2 Thresholds for services

The Child and Family Contact team will decide on the most appropriate action to take based on the level or risk presented by the case using the Barnardos risk assessment matrix.

- Where concerns are assessed at Scales 1 & 2 (moderate and moderate to serious) the case will be referred for an **Early Help service**. These are likely to be cases involving low level verbal abuse or threats where no criminal offence has taken place.
- Where concerns are assessed at Scale 3 (serious) the case will be referred to CSSW for a **child in need service**. These are likely to be cases involving the following:
  - where other risk factors such as mental health and substance misuse are present
  - the victim is pregnant
  - there is a history of domestic abuse, including domestic abuse in a previous relationship
  - the incident is serious
  - there are babies or very young children living in the household
  - the victim plans to remain in the relationship.
- Where concerns are assessed at Scale 4 (severe) the case will be referred to CSSW to be dealt with under **child protection procedures**. These are likely to be cases where there is a significant incident involving a criminal assault with the child in close proximity, for example a child being held by the victim during the assault, thus increasing the risk of physical injury to them. A child protection response is also likely where there is a significant assault on a pregnant victim.
- Cases at level 3 and 4 are likely to be passed to the **MASH team** to gather more information on the family and to decide on the most appropriate response.

All domestic abuse cases are notified to Camden Safety Net (CSN) the main provider of services and support for victims of domestic abuse in Camden. The service works with victims to help keep them safe but can only work with them on a voluntary basis if the victim acknowledges the abuse and agrees to work with CSN.

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

### **7.3 Action by agencies**

- **Early Help services** will provide an appropriate early help service to support the family to address the issues driving the abuse and improve outcomes for the child. This may include carrying out an early help assessment of the child and family to agree an action plan that is regularly reviewed by the professional network. The service will also escalate cases to CSSW for a statutory social work service where the abuse escalates and the child is thought to be at risk.
- **CSSW** will provide a statutory social work service that meets the needs of the child and keeps them safe, including interventions under child protection procedures. Where necessary, CSSW may also take action to remove the perpetrator from the family home or support the victim to leave.
- **CSN** will work with victims to help them draw up a safety plan and will provide support groups for victims and their children to help them recover from their experiences. An Independent Domestic and Sexual Violence Advisor from CSN is based at each hospital and can provide hospital staff with advice and support.
- Where women need to leave the relationship, the **National Domestic Violence helpline** can be contacted to see if there is refuge accommodation available.
- **Solace Women's Aid** delivers the national Identification and Referral to Improve Safety (IRIS) training programme to enable GPs to identify patients affected by domestic violence and abuse and refer them to specialist service.
- **Camden's Housing Department** can help victims who need to move to consider their housing options including assessing them for re-housing under homelessness legislation. Housing staff can provide advice and assistance to victims, particularly in an emergency if temporary accommodation is needed.
- **Camden's SafeHome scheme** can offer practical help to victims of domestic abuse to enable them to remain safely in their home following domestic abuse. The scheme ensures the home is safe and secure in order to stop perpetrators entering.

## 8 Working with families affected by domestic abuse

### 8.1 Best practice guidance

- Professionals must ensure that when working with families they keep the safety of the victim and children in mind at all times and ensure that any contact with them does not compromise their safety.
- In particular, professionals should be aware that the perpetrator may control the victim's movements and may intercept their mail and check their mobile phones. It is recommended that professionals seek agreement with the victim on the safest form of contact and aim to meet with the victim at neutral locations away from the family home.
- Where victims have separated from the perpetrator due to high levels of abuse and social workers assess that there is a high level of risk to the family if they are in contact with perpetrator, care must be taken not to disclose the family's whereabouts to anyone outside of the professional network.

### 8.2 Families in transit

Sometimes victims and children may need to leave the family home to escape the abuse and this may mean moving out of Camden to refuge accommodation or to live with family members.

It is important that professionals follow up with their counterparts in the new address area to pass on information about the concerns around domestic abuse and to ensure children are in receipt of universal services and registered with a GP. It is very easy for families fleeing domestic abuse to disappear from the view of agencies and this can be potentially dangerous.

Where families move into Camden because they are fleeing domestic abuse and either enter a Camden refuge or are re-housed in the borough, professionals should contact their counterpart in the originating authority to get as much information as possible about the abuse in order to adequately assess the risk. Any information received should be passed on to the MASH team as soon as possible.

### **8.3 Separation**

Research shows that when victims leave perpetrators the risk of harm from domestic abuse can increase dramatically. For this reason, CSSW will ensure that professionals are aware of any case where victims and children are not to have contact with the perpetrator following separation and what action to take should the perpetrator attempt contact.

These details should form part of the child's plan and should cover:

- keeping the whereabouts of the family safe; the family's whereabouts should not be disclosed to anyone outside the professional network unless agreed by the social worker; documents should not show the family's current address or any other detail that would allow them to be contacted such as the name of the child's school in case these are viewed by the perpetrator.
- what to do if the perpetrator attempts contact; this should be discussed at the case conference or review meeting and should set out who professionals should contact, for example whether to call the police; where possible schools and nurseries should be given a photograph of any person who is not to collect the child.
- what action to take to protect the child if contact is lost with the family or if it is thought the victim has reconciled with the perpetrator.

### **8.4 Difficulties working with families**

Domestic abuse victims and their children will have a safety plan drawn up by CSN and CSSW social workers that sets out how they will keep themselves safe and it is important that professionals are aware of their role in monitoring the implementation of the plan in order to keep the child safe.

Professionals need to be aware that where victims and perpetrators deny the abuse or do not engage with services this makes it difficult to implement any plan. Lack of engagement may be due to fear of retribution or as a result of the controlling behaviour of the perpetrator and this should be borne in mind when dealing with the issue of engagement.

Professionals need to be aware of the following behaviours:

- Families attempting to avoid contact with agencies by missing appointments or being out for arranged visits.
- Families showing a level of disguised compliance where they agree to services but do not take them up.
- Families changing address frequently or staying with family members in order to avoid the professional network.
- Perpetrators using threats and intimidation to try to stop professionals contacting the family.
- Families moving to another local authority area in order to “shake off” agencies.

Denial and any form of non-engagement will automatically increase the level of risk and must be addressed immediately. Professionals must discuss the case with their safeguarding lead and report any concerns in contacting the family to the allocated social worker or early help worker so that action can be taken. Professionals should refer to the CSCB non-engagement policy for further details on working with non-engaging and hostile families. <http://www.cscb-new.co.uk/wp-content/uploads/2016/05/Working-with-non-engaging-families-multi-agency-guidance1.pdf>

## 9 Working with perpetrators

Perpetrators may disclose domestic abuse to professionals who are working with them in relation to other issues and often disclose to GPs. Some may specifically be seeking help to stop their abusive behaviour and many may present with anger issues, mental health problems, substance misuse or relationship problems. Use of direct enquiry regarding violence and abuse directed at partners can increase the likelihood of disclosure.

If a perpetrator discloses domestic abuse, professionals should establish whether any children live in the household and their ages. Advice should be sought from the professional’s designated safeguarding lead on what action to take to ensure the safety of the victim and children.

Perpetrators are likely to deny or minimise the abuse or refuse to take responsibility, shifting the blame onto victims. Domestic abuse should always be challenged and professionals should make it clear to perpetrators that only they are to blame for the behaviour. Perpetrators should also be reminded that domestic abuse will always have a negative impact on children as often they are unaware of this and it may be a trigger for them to change their behaviour.



When working with perpetrators agencies must be aware of the continued threat to victims and children. Agencies also need to be aware of the potential threat to worker safety as perpetrators may seek to intimidate workers from contacting the family.

## 10 Working with young people in abusive relationships

The definition of domestic abuse includes young people aged 16 and 17 and professionals such as youth workers, personal advisors and keyworkers in Camden's housing pathways need to be aware of any young person they work with who may be experiencing violence and abuse within their intimate relationships either as a victim or perpetrator.

Forms of violence and abuse include:

- emotional abuse and control, such as insults, verbal abuse , threats, checking up on partners and stopping them from seeing friends, telling them what they can wear;
- physical violence such as kicking, punching, scratching, throwing objects, pushing around;
- sexual violence and abuse such as forcing a partner to do something sexual against their wishes;
- abuse and control through technology such as looking through/monitoring partner's texts and social media accounts, sending unwanted texts and messages or distributing sexual images without consent.

It is important that these young people are protected from harm and receive the support they need to develop healthy intimate relationships. A referral to CSSW should be made on behalf of both the victim and the perpetrator.

There is a strong link between interpersonal abuse and child sexual exploitation (CSE) as exploiters use abuse and violence as a form of control within the exploitative relationship. Professionals should refer to the CSCB guidance on child sexual exploitation for further information. [http://www.cscb-new.co.uk/wp-content/uploads/2015/09/Multi\\_Agency\\_Guidance\\_On\\_Child\\_Sexual\\_Exploitation\\_2015.pdf](http://www.cscb-new.co.uk/wp-content/uploads/2015/09/Multi_Agency_Guidance_On_Child_Sexual_Exploitation_2015.pdf)

## 11 Information sharing

Information sharing is a key aspect in domestic abuse cases, especially where victims and/or perpetrators are not being open about the abuse or actively seek to cover it up. It is crucial that the professional network share information with social workers so that an accurate assessment of risk can be built up.

The following should be notified to social workers or early help keyworkers:

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

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

## 12 Domestic violence disclosure scheme (Clare's law)

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

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

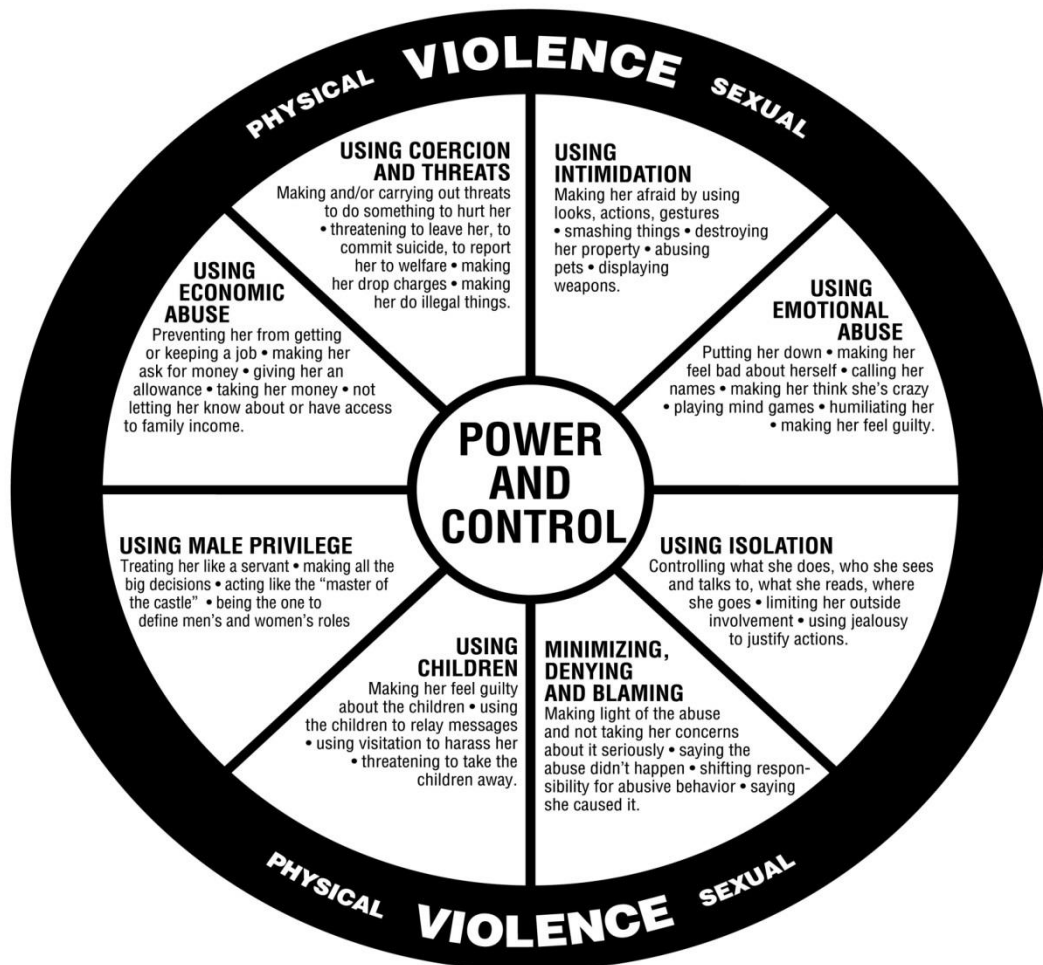
The scheme also gives agencies working with families a **right to know** if they are concerned that a person they work with may be at risk of violence from an individual who is their partner. Agencies can request the police to disclose details of the partner's past offending and the police may consider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

Where there are concerns about a male partner, the professional network should consider approaching the MASH police about obtaining this information under the scheme.

### 13 Resolving professional differences

In the event that professionals or agencies have any disagreements in connection with this policy, this will be resolved under the CSCB escalation policy available at: <http://www.cscb-new.co.uk/wp-content/uploads/2016/05/CSCB-escalation-policy-final-amended-May-161.pdf>

Appendix 1:



**DOMESTIC ABUSE INTERVENTION PROJECT**  
202 East Superior Street  
Duluth, Minnesota 55802  
218-722-2781  
[www.duluth-model.org](http://www.duluth-model.org)

Appendix 2 **Barnardos multi-agency domestic violence risk identification threshold scales**

<b>Moderate – Scale 1</b>	<b>Moderate to Serious – Scale 2</b>	<b>Serious – Scale 3</b>	<b>Severe – Scale 4</b>
<p><b>Child/ren and families with additional needs.</b> 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.</p>	<p><b>Child/ren and families with additional needs.</b> CAF completed – lead professional – integrated support. Child/ren under 7yrs/or with special needs at higher risk of emotional/ physical harm – limited self-protection strategies - can raise threshold to Scale3. Consider protective factors</p>	<p><b>Child/ren in Need</b> Children’s Services consider S.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</p>	<p><i>Child in need of protection</i> Children’s Services consider if S.47 enquiry and assessment required. Child/ren may be at risk of being ‘looked after’.</p>
<p><b>Evidence (Yes/No/Suspected)</b> 1 - 3 minor incidents of physical violence which were short in duration Victim did not require medical treatment Occasional intense verbal abuse</p>	<p><b>Evidence (Yes/No/Suspected)</b> 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 Family / relatives / neighbours report concerns re: victim / children Intense verbal abuse - consistent use of derogatory language Abuser attempts to control victims' activities, movements, contact etc</p>	<p><b>Evidence (Yes/No/Suspected)</b> 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 indicates that they are frightened of abuser - put in fear by looks, actions, gestures and destruction of property (emotional and psychological abuse) Recent separation – repeated separation / reconciliation / ongoing couple conflict Stalking / harassment of mother / child/ren Abuser breaching protective legal orders Victim required medical treatment but not sought / or explanation for injuries implausible Requests for police intervention Incidences of violence occur in presence of child/ren – consider</p>	<p><b>Evidence (Yes/No/Suspected)</b> Repeated serious and/or severe physical violence – life threatening violence. - Consider the duration and severity of violent behaviour children exposed to. Use / assault with weapons Abuser violates protective legal orders to commit acts of violence / abuse Criminal history of abuser – assault of ex partners / others / use of violence or suspected military / gangland connections of abuser Intense stalking / harassment behaviour of abuser Recurring or frequent requests for police intervention Victim requires medical treatment for significant injuries /explanation for injuries is implausible Threats to kill or seriously injure victim and/or child/ren</p>

		<p>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 abuse in previous relationships</p>	<p>Victim is <b>very</b> frightened of abuser – believes intent of threats          Mother is intensively controlled/ compliant/ may be submissive -worn down by abuse          Confirmed emotional / psychological abuse of mother          Victim is pregnant / mother is abused post natal          Sexual assault / suspected sexual abuse of victim          Incidences of violence witnessed and occurred in presence of child/ren – distressed          Child/ren have directly intervened in incidences          Child/ren have been physically assaulted / abused in the course of an incident  <b>Cultural issues</b> – possible language barriers / immigration constraints / fear of racism and:          Severe restrictions on movements          Substantial risk of/confirmed so called 'honour' based violence(HBV) (Perceived) transgressions results in threats of serious violence &amp;/or acts of violence- killings          Substantial risk of/confirmed forced marriage(FM)- history of forced marriage / early marriage in family, prolonged/unexplained absences from school, siblings that have run away from home          Extended&amp;/or birth family support          DV/HBV/FM-collusion/active involvement of the community</p>
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<p><b>Risk factors / potential vulnerabilities</b>  Child/ren were not drawn into incidents  Control of abuser is not intense</p>	<p><b>Risk factors / potential vulnerabilities</b>  Child/ren were present in the home during an incident but did not directly witness  Likelihood of emotional abuse of children  <b>Cultural issues:</b> Language barriers- Professional interpreter required  New immigrant unaware of support services and official processes  Victim minimising abuse due to fear of experiencing racism / discrimination in statutory services - and/or Victim unwilling to disclose abuse due to allegiance to own community/faith/family  Disability issues within family, but access to support networks  Mental health issues &amp;/or substance abuse – abuser / victim seeking help  Abuser and/or victim under 25 years,family access support</p>	<p><b>Risk factors / potential vulnerabilities</b>  Mental health issues – abuser and/or victim – raises concern  Substance abuse by abuser and/or victim - raises concern  Strong likelihood of emotional abuse of children – may display behavioural problems / self harm  Child/ren unable to activate safety strategies due to fear or intense control of abuser  Lack of significant other as a positive support to child  Child contact issues - consider risks to child  Increased risk of intervening in abuse (particularly if adolescent)  Abuser suspected of physically abusing child/ren  Abuser shows lack of insight /empathy into how his abusive behaviour is affecting child / victim  Abuser minimisation of abuse - lack of remorse / guilt  Abuser is step-father / family unit has step-siblings  Abuser’s abuse of pets / animals  Emerging concerns about emotional stability / care of abuser’s relationship with child/ren  Limited parenting capacity and no protective abilities due to his abusive behaviour  Emerging concerns about emotional stability of child / mother relationship (parenting</p>	<p><b>Risk factors / potential vulnerabilities Y N S</b>  Mental health issues – abuser and/or victim - raises significant concern  Substance abuse by abuser and/or victim - raises significant concern  Substantial risk of serious physical violence in the family  Threats or attempts to abduct children  Confirmed emotional abuse of child/ren  Suspected / confirmed sexual abuse of child/ren  Children exhibit sexualised behaviour and/or sexually harmful behaviour  Emerging concerns re child mental health issues  Confirmed physical abuse of child/ren by abuser  Victim uses physical discipline on children as an alternative to harsher physical abuse by abuser  Recent suicidal or homicidal thoughts expressed by abuser  Victim suicidal / attempted suicide / self harming - especially BMER victims  Victim minimising risks to children / protection orders not sought, or activated  Victim has poor general health  Abuser - lack of empathy / insight into how his abusive behaviour is affecting child /victim  Abuser minimisation of abuse - lack of remorse / guilt  Frequent moves by family – making it</p>
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		<p>capacity and protective concerns)  Abuser use of avoidance / resistance to engage in services  Victim fears statutory services – avoidance and resistance to engage  Victim has experienced domestic violence in previous relationships  <b>Cultural issues</b> - possible language barriers / new immigrant /minimisation due to fear of racism &amp; Restriction on movement - accompaniment by family members to appointments/speaking for victim  Immigration constraints -no recourse to public funds / threats of deportation / no legal status  Abuser’s interpretation of culture/ faith used as a form of control - to curtail woman’s autonomy  Extended family support of abuser / and may perpetrate abuse themselves  Family honour - transgression of traditional forms of acceptable female behaviour results in punishment (i.e. controlling / coercive behaviours, emotional abuse, social ostracism, harassment)  Victim feels prevented from leaving abusive situation due to threats of such forms of punishment  Disability issues within family, little or no support  Age disparities or abuser / victim under 25 years, with limited support  History of childhood abuse / disruptive childhood experiences - abuser and/or victim  Recent life crisis’s / stress factors –</p>	<p>difficult to engage  Abuser / victim use of avoidance / resistance to engage in services - increases risks to children  Abuser uses threatening aggressive behaviour towards professionals  Agencies unable to work constructively with family - professional paralysis  Disability issues within family – raises significant concern  Age disparities or abuser and/or victim under 25 - personal vulnerabilities  History of childhood abuse / disruptive childhood experiences abuser and/or victim</p>
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		i.e unemployment, financial problems, illness, death	
<p><b>Protective factors</b>  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 / violence indicating remorse  Abuser willing to engage in services to address his abusive behaviour  Victim has positive support from family / friends &amp; 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</p>	<p><b>Protective factors</b>  Child / mother relationship is nurturing, protective and 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 used 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</p>	<p><b>Protective factors</b>  Older child/ren use protective strategies  Victim will seek positive support from significant other  Victim - attempted to use protective strategies but abuser's violence and control is intense  Victim will engage with supportive services and seek safety advice – but abuser's control interferes with her level of commitment to engage  Use of kinship placements as a protective factor – but be alert to domestic abuse having occurred or occurring in extended families</p>	<p><b>Protective factors</b>  Use of kinship placements as a protective factor – be alert to domestic abuse having occurred or occurring in extended families</p>