

WANDSWORTH

Joint Service Protocol To Meet The Needs Of Children And Unborn Children Who May Be Affected By Domestic Violence

**Wandsworth Safeguarding Children Board
Wandsworth Domestic Violence Forum**



September 2007

If you believe that a child or young person is at immediate risk due to Domestic Violence or abuse within their household and you cannot otherwise safeguard them, this should be reported without delay to the Police service as a 999 emergency.

You should make a note of any action you have taken.

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1. Introduction

This joint protocol has been developed to meet the requirements set out in *Every Child Matters* and the *Children Act 2004* that all services should work more closely together to promote the health and well-being of children and young people, their families and carers. This is a local protocol that has been agreed for services based in or commissioned to work in Wandsworth. It is derived from the existing legal framework, statutory requirements and London Child Protection Procedures but does not override them.

The protocol will be followed whenever there are concerns about the safety or well-being of children (including unborn children), whose parents or carers are involved in relationships that are affected by domestic violence or abuse. The Home Office defines domestic violence as, **“any incident of threatening behaviour, violence or abuse between adults who are or have been in a relationship together, or between family members, regardless of gender or sexuality”**¹. The abuse may be psychological, physical, sexual, emotional or financial and is invariably linked with the abuser’s desire for power and control. Broader definitions include young people who are themselves involved in abusive relationships and those affected by interfamilial feuds or so called “honour killings”.

Before being officially categorised as a hate crime, domestic violence had a relatively low status within the criminal justice system. It was rarely (and, in some communities, never) reported and even more rarely resulted in the conviction of the perpetrator. As a consequence, little regard was given to the effects of domestic violence for children and young people who were growing up in households where this form of abuse was common. It is now recognised that domestic violence does present risks, not only for the victims and survivors of violent acts but also for the safety, the physical, emotional and intellectual development and the well-being of children within the household (*Working Together to Safeguard Children 2006*). It also follows that these children and young people are unlikely to achieve the Every Child Matters 5 key outcomes² without appropriate support and timely interventions.

It is estimated that up to 40% of Wandsworth children who are the subject of Child Protection Plans are affected by domestic violence (*Wandsworth Safeguarding Children Board*). Violence within the family now accounts for 16% of all violent crime (British Crime Survey 2004/05). It is also accepted that domestic violence is closely linked with alcohol and substance misuse and other factors that might impede parenting capacity.

This protocol is a live document and will be reviewed at least annually to take account of future legislative and procedural changes and practice developments.

2. Aims

- 2.1 To provide effective assistance to children and families who are affected by domestic violence.
- 2.2 To increase understanding of the impact of domestic violence on children’s lives and parents’ ability to care effectively for children.

¹ www.homeoffice.gov.uk/crime-victims/reducing-crime/domestic-violence/

² 5 outcomes: Be Healthy, Staying Safe, Enjoying and Achieving, Making a Positive Contribution & Achieving Economic Well-being

- 2.3 To ensure that universal, targeted and specialist services improve the identification of children in need and children at risk of significant harm.
- 2.4 To ensure the provision of co-ordinated services to pregnant women and families affected by domestic violence.
- 2.5 To ensure effective cooperation and collaborative decision-making between services.

3. Principles

- 3.1 All of those who come into contact with children, their parents and families in their everyday work, including practitioners who do not have a specific role in relation to child protection, have a duty to safeguard children and to promote their welfare or well-being.
- 3.2 Parents, carers and pregnant women who are affected by domestic violence have the right to be supported in fulfilling their parental roles and responsibilities.
- 3.3 Domestic violence is a significant risk factor for children. There are strong links between domestic violence and child abuse. Witnessing or hearing the abuse or ill-treatment of a parent or carer is considered as a potential cause of significant harm within the context of Section 47 of the Children Act 1989.
- 3.4 A multi-agency approach to assessment and service provision is in the best interests of children and their parents or carers.
- 3.5 Risk to children is reduced when information is shared appropriately between agencies and through effective partnership working across both the statutory and voluntary sectors.
- 3.6 Whilst first and paramount consideration must be the welfare of the child/ren, practitioners will also need to be mindful of the need to avoid compromising the safety of a non-abusing parent or carer.
- 3.7 Unborn and younger children are at the greatest risk of physical harm in situations of domestic violence.
- 3.8 Although the majority of reported domestic violence involves women who are abused by male partners, practitioners should be alert to the growing number of men who are coming to notice as the survivors or victims of abuse and those in same sex relationships.
- 3.9 The immediate and long-term outcomes for families affected by domestic violence are greatly improved by timely interventions that address the needs of children, victims and perpetrators.
- 3.10 All children are entitled to the same level of protection, irrespective of their racial or cultural background. Practitioners will need to exercise/caution and seek specialist advice when dealing with families from communities where disclosure of domestic violence might make them vulnerable to isolation or being ostracised.

³ See Government Guidance issued April 2006: Information Sharing Practitioners' Guide available via Wandsworth Safeguarding Children Board website <http://www.wandsworth.gov.uk/Home/Safeguarding/Procedures/default.htm#3>

- 3.11 Specialist advice should also be sought where families have no recourse to public funds and disclosure of violence may place the abused parent in an untenable position in respect of their own financial or immigration status. (Contact the Children's Specialist Services Referral and Assessment Team).

4. Identifying the needs of children, their parents or carers and pregnant women who are affected by domestic violence

- 4.1 In any assessment (Common Assessment CAF, or Initial or Core Assessment) the family background information should consider significant relationships and whether there has been any history of domestic violence within the family, or in previous relationships.
- 4.2 The London Child Protection Procedures (LCPC 2007) describe a four-level scale for intervention, determined by the nature and frequency of the abuse, risk and protective factors
- 4.3 In cases assessed as minor or moderate children are deemed to be in need of family support through an assessment under Section 17, Children Act 1989.

Where the household contains children under the age of 7 years (including unborn children), they should be referred for urgent assessment under Section 47, Children Act 1989 to Children's Specialist Services

- 4.4 Serious and severe incidents will render children within the household liable to significant harm and these children should be referred for urgent assessment under Section 47.
- 4.5 As well as direct disclosures from children or the survivor of the abuse, domestic violence may be identified through police or hospital/medical reports of incidents.
- 4.6 Schools and other providers of direct services for children and young people should be particularly vigilant to the safeguarding needs of children known to be at risk through domestic violence. Children will react and cope in different ways to the traumas that they will experience and there are no definitive signs or disorders associated with domestic violence. Guidance to schools in Wandsworth has been issued entitled Domestic Violence: Information and advice for Wandsworth Education Staff (July2006).
- 4.7 Practitioners will need however to be particularly alert to the following potential indicators:

- Unexplained absences from school and high levels of minor illness
- Reluctance to go home at the end of the school day or arrival before the school opens.
- Tiredness and lack of concentration
- Not being allowed to go on school journeys
- Unexplained changes in behaviour
- Bullying and negative behaviour
- Frequent changes of school
- Disproportionate responses to conflict

- Self-harm and low self-esteem
- Secretiveness

5. Risk factors associated with domestic violence

5.1 The Metropolitan Police Service assessment model (SPECSS) has identified the following factors that are commonly associated with the risk of harm to mothers and their children in situations of domestic violence:

- **Separation** and the violation of Court Orders – where the victims of abuse attempt to end relationships with the perpetrator. Risk of harm is higher in the first two months and where disputes arise over access and custody arrangements.
- **Pregnancy / new birth** – pregnancy can be the trigger for domestic violence or intensifying violence with a resultant risk of foetal harm or miscarriage.
- **Escalation** – previous incidents of domestic violence are a strong indicator that violence will re-occur and intensify.
- **Cultural awareness / isolation** – cultural influences and traditions can make it harder for the victim of abuse to seek or accept external help. Fear of bringing shame upon the family, community/family pressures, the inability to read or speak English, social isolation and uncertain immigration status may all act as barriers to accessing services.
- **Stalking** – associated with obsessive and possessive behaviours, which are often noted in the lead up to incidents of grievous harm and murder.
- **Sexual assault** – domestic sexual assault may indicate that other forms of domestic violence have been occurring.

5.2 Other risk factors that are associated with domestic violence include:

- **Child abuse** – adults involved in abusive relationships are at increased risk of abusing children within the household and it is common for domestic violence to be an indicator of child abuse.
- **Background of criminal violence** – patterns of repeated acts of aggression and escalating violent behaviour towards others.
- **Past use of weapons** – by the perpetrator or threats to use a weapon.
- **Mistreatment of animals** – pets living within households affected by domestic violence are commonly abused.
- **Control and jealousy** – the need of the perpetrator to control completely the activities of their partner.
- **History of self-harm, suicide attempts or threats** – which may include murder or threats to murder or self harm.
- **Alcohol / substance misuse** – thought to be associated with about a third of all domestic violence incidents.
- **Cultural pressures** – which may be associated with forced marriage, female genital mutilation or “honour” crimes and result in secrecy and concealment.

6. Guidance for statutory and voluntary sector agencies working with children, parents, carers, or pregnant women who may be affected by domestic violence, on making a referral to Children’s Specialist Services.

6.1 When an agency has evidence that a child or a family may be experiencing domestic violence a referral should be made to Children’s Specialist Services - Referral &

Assessment Service for the child to be assessed as a child in need or for a child protection assessment.

It may be necessary or agency policy to talk initially with a designated child protection adviser within the agency before referring on to Children's Specialist Services.

- 6.2 Where there is no direct evidence of violence but the practitioner has grounds to suspect that this is occurring this must be discussed with a line manager or professional adviser. If an agency does not have a designated child protection adviser, advice should be sought from the Council's Child Protection Unit or the Referral and Assessment Service (see telephone numbers in the appendix).
- 6.3 Where it is agreed that a referral to Children's Specialist Services is not appropriate, the reasons for this decision must be clearly recorded and managers should ensure that the records of decisions and agreed outcomes are signed and dated.
- 6.4 It will be necessary to consider any risk to adults or children which may arise from a referral to Children's Specialist Services but this should **not** prevent a referral where there is evidence of risk. Such risks may include harm to adults or children or disengagement from services. .
- 6.5 If the child is at risk of imminent significant harm and you cannot safeguard them, phone the police.
- 6.6 If a case is deemed high risk a referral can also be made to the Community Safety Unit - and possible consideration for MARAC (Multi Agency Risk Assessment Conference). This initiates a case conferencing process that ensures a speedy response to the victim's needs. It does not replace the child protection assessment that will be required in parallel.
- 6.7 The family can also be referred to Domestic Violence Intervention Project in Southwark for a risk assessment of the abusing adult/parent. This is appropriate for families where the child is subject to a child protection assessment, a child protection conference or subject of a multi-agency child protection plan. This should be agreed as part of the joint assessment or conference for which Children's Specialist Services will take the lead coordinating role.
- 6.8 In determining whether or not to make a referral under the child protection procedures, practitioners in non-statutory agencies should have access to specialist advice around thresholds for referral; either through designated specialists in their own agency, or through the Council's Child Protection Unit. There is also the facility for voluntary sector practitioners and concerned members of the public to discuss their concerns anonymously with a duty social worker in order that they may come to a shared view as to the appropriateness and timing of a formal referral.
- 6.9 During the initial referral or consultation an exploration of safety measures should be considered to identify the safest way of making contact with the non-abusing parent and children.
- 6.10 If there is evidence that a pregnant woman has been assaulted or she has been prevented from accessing maternity services then a referral should be made to Children's Specialist Services
- 6.11 Pre-birth assessment and pre-birth planning meeting should be convened and chaired by Children's Specialist Services, where there is direct evidence or grounds

to believe that a pregnant woman has been assaulted during the past 12 months or that she has been prevented by her abuser from accessing maternity services.

- 6.12 If it is decided that a pre-birth planning meeting is not appropriate, a manager must endorse this decision and the reasons for this must be clearly recorded.

7. Inter-agency information sharing

- 7.1 Effective and appropriate systems for sharing information are essential in safeguarding and promoting the well-being of children and young people. Responsible information sharing between practitioners and agencies plays a key role in enabling organisations and professionals to protect (and potentially to save the lives of) the victims of domestic violence and their children. See **Information Sharing Practitioners' Guide**, April 2006 ⁴
- 7.2 It is essential for all services to record accurately names, dates of birth, addresses and areas of concern for all children in families with whom they are working. Confidentiality should be explained to clients/those concerned. If parents, carers or pregnant women refuse to provide such information, this fact must be recorded and, if necessary, advice be sought.
- 7.3 Any areas of identified concern or support in connection with domestic violence will need to be discussed with the parents, carer or pregnant woman **unless such a discussion at this point might place a child or adult at increased risk**. Otherwise, the need for involvement of another service should be explained, taking into account the right to confidentiality and reasons for breaching confidentiality.
- 7.4 Personal information held by professionals and their agencies is subject to a legal duty of confidence and normally should not be shared without the consent of the subject. Unless it is assessed that a child might otherwise be suffering or at risk of suffering significant harm, the consent of the parent or carer should be obtained before making a referral to another agency. The other exception to this is where a case is brought to the MARAC (See Appendix)
- 7.5 Where a referral is being made against parental wishes, the reason for the referral must be made clear to them and their views recorded.
- 7.6 Details of all information passed to other agencies, related conversations and actions should be accurately recorded in the case record or file, ensuring that all entries are clearly signed and dated.
- 7.7 If there is any uncertainty about sharing information, advice must be obtained from the line manager or the agency's designated child protection lead officer or advisor. The reasons for sharing or not sharing information should always be made clear.

⁴ See Government Guidance issued April 2006: Information Sharing Practitioners' Guide available via Wandsworth Safeguarding Children Board website <http://www.wandsworth.gov.uk/Home/Safeguarding/Procedures/default.htm#3>

7.8 Information received from another agency or practitioner must be treated with respect and shared only on a need-to-know basis. The **Framework for the Assessment of Children in Need and their Families 2000** provides detailed guidance on consent and confidentiality. It highlights:

- The need to make sensitive and careful judgements about information sharing that will achieve good outcomes for the child/ren (*Section 3.49*)
- That the *Data Protection Act 1998* allows for disclosure without consent of the subject for the purposes of prevention or the detection of crime or the apprehension or prosecution of offenders (*Section 3.51*)
- That, in any potential conflict of responsibilities, the child must come first and the overriding principle must be to safeguard the child (*Section 3.56*)
 - Each situation needs to be assessed by taking into account the individual circumstances. Domestic violence, almost by definition, will often have the effect of placing children at risk of significant harm.

8. Reviews and on-going work

8.1 The assessment and identification of parents/carers or children's needs for services is not a static process. The assessment should also inform future work and incorporate an evaluation of the progress and effectiveness of any intervention. Agencies should always take into account the changing needs of children and adults.

8.2 Where there is information about new incidents of violence or threatened violence, these must be shared immediately so that risk and intervention plans can be reassessed quickly.

8.3 Where more than one agency is involved in the assessment or provision of services to families affected by domestic violence inter-agency support should be coordinated through regular joint reviews. Each agency should document its own actions and also the roles and responsibilities of partner agencies.

8.4 There should always be flexibility for cases to be reviewed at any time, or jointly reassessed before scheduled review dates, if new concerns or support needs are identified.

8.5 It will be important to ensure that there is a full history of any domestic violence. Each new incident of abuse or threat should be recorded with dates and details. This information can be essential for the prosecution of domestic violence perpetrators and the protection of children and their non-abusive parents or carers.

9. Disagreement resolution and escalation

9.1 Conflicting views or disagreements between agencies are liable to result in less favourable outcomes for children. The *London Child Protection Procedures* detail the agreed procedures for resolving such disagreements.

9.2 Practitioners requiring advice or guidance on individual child protection matters should refer to their line manager or designated Child Protection Adviser

- 9.3 Clarification can also be obtained from the Council's Child Protection Unit.
- 9.4 If agreement cannot be reached between practitioners or first line managers, the matter must be referred without delay to the designated lead for child protection within the relevant agency.
- 9.5 The ultimate responsibility for resolving such disputes will rest with the Manager of the Safeguarding Standards Unit of Wandsworth Council in consultation with the Monitoring Sub-Group of the Wandsworth Safeguarding Children Board, as appropriate.

Appendices

- 1 - Legal and policy framework
- 2 - Impact on parenting
- 3 - Use of children by abusive parents / partners
- 4 - Impact on children
- 5 - Risk assessment
- 6 - Who to contact A Child Protection & Safeguarding Services and Advice
 B Domestic Violence Services
- 7 - MARAC Protocol (to be added when finalised)

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## Appendix 1

### Legal and policy framework

This protocol is informed by:

- The Children Act 1989 (Crown Copyright) \*
- The Children Act 2004 (Crown Copyright) \*
- Framework for the Assessment of Children in Need and their Families (DoH 2000) \*
- What to Do if You're Worried a Child is Being Abused (DfES 2007) \*
- Common Assessment Framework (DfES 2004) \*
- Working Together to Safeguard Children (Crown Copyright 2006) \*
- Information Sharing Practitioners Guidance 2006\*
- London Child Protection Procedures (LSCB 2006) \*
- British Crime Survey 2004/05 (Crown Copyright)

\* These documents can be accessed through the Wandsworth Safeguarding Children Board website:

<http://www.safeguardingchildreninwandsworth.org.uk>

<http://www.wandsworth.gov.uk/Home/Safeguarding/Procedures/default.htm#3>

## Appendix 2

### Impact on Parenting

When a parent is living with an abusive partner the focus of life can turn to keeping the partner happy, seeing to their needs primarily and attempting to placate them. Children's needs often become secondary.

The mother, in her own mind, is often doing her best to protect her children but her abilities can be diminished or she is unable to recognise that her coping or survival behaviours can be detrimental to the children. The boundaries in the household, if there are any, can become skewed or constantly changing.

In this environment children are not being nurtured or protected and their lives are affected by insecurities. There may be dysfunctional role models of parenting – of both mothers' and fathers' roles.

The mother may be experiencing constant put-downs and criticism, often on the theme of management of the children. This affects her confidence and abilities to parent. She may start to believe she is a "bad mother" increasing feelings of guilt and inadequacy. She may experience low self worth, isolation, mental health problems (e.g. depression), feeling responsible and judged. She may feel a loss of self-identity. She may resort to substance misuse as a coping mechanism, which will have knock-on effects in parenting abilities. The increasing emotional and psychological impact may make her less able to respond sensitively to the emotional and developmental needs of her children. A mother can also be debilitated in her parenting if she is enduring multiple enforced pregnancies.

The abusing partner may threaten to take the children from her or threaten that he can prevent her taking the children with her if she leaves, using them as a way to keep her trapped in the relationship.

Parenting abilities are affected in additional and far-reaching ways if a family has constant moves of home or faces homelessness, due to fleeing violence, with enormous disruption and financial stresses involved.

### Potential effects of domestic abuse on parenting

- Victimised parent forced to organise household around accommodating the abuser's needs, rather than needs or care of children
- Children are kept quiet/subdued/out of the way to suit the needs of the abusive partner
- Children unable to enjoy or participate in normal activities e.g. have noisy toys, play in certain rooms, have friends to visit, go on outings etc.
- Parent may be kept deliberately short of funds by abuser, affecting ability to meet children's basic needs
- Parent may be physically incapacitated at times due to abuse affecting the ability to care for children possibly resulting in children caring for each other, and/or caring for the parent
- Children may become confidante/protector of victimised parent – reversal of parent/child roles

- Lack of, or loss of, healthy routines
- Boundaries or limits in the household can become less clear or non-existent
- Children may show little respect for abused parent, often encouraged by the abusive partner; this may not be challenged appropriately or even recognised
- Victimised parent may be unable to ensure regular school attendance for variety of reasons connected to the domestic abuse
- Children may be used by the abusing parent encouraging defiance of the mother, disrespect for her and sometimes joining in the verbal and physical abuse which harms the relationship between mother and child
- Victimised parent may lose confidence in parenting abilities which can lead to various maladaptive parenting styles

### **Maladaptive parenting styles**

There may be a mixture of these:

#### **Over-compensating**

Resulting from guilt about the abuse and disorganisation due to the abusive atmosphere, which can lead to:

- children being able to please themselves about what they do, what time they come in, etc.
- giving lots of material things
- abused parent giving in more often and less able to say “no”
- inconsistent or non-existent discipline or enforcing of consequences
- doing everything for children rather than giving encouragement to learn self-care skills
- children can seem in charge of the household or the victimised parent

#### **Over-protecting**

Often driven by fear and leading to rigidity of parenting style:

- cannot allow children out of her sight/keeping them very close
- stifling or curtailing normal range of activities
- children not allowed freedom to develop, change and grow
- children not allowed to do things for themselves
- having children sleep with the mother rather than encouraged to be in own bed

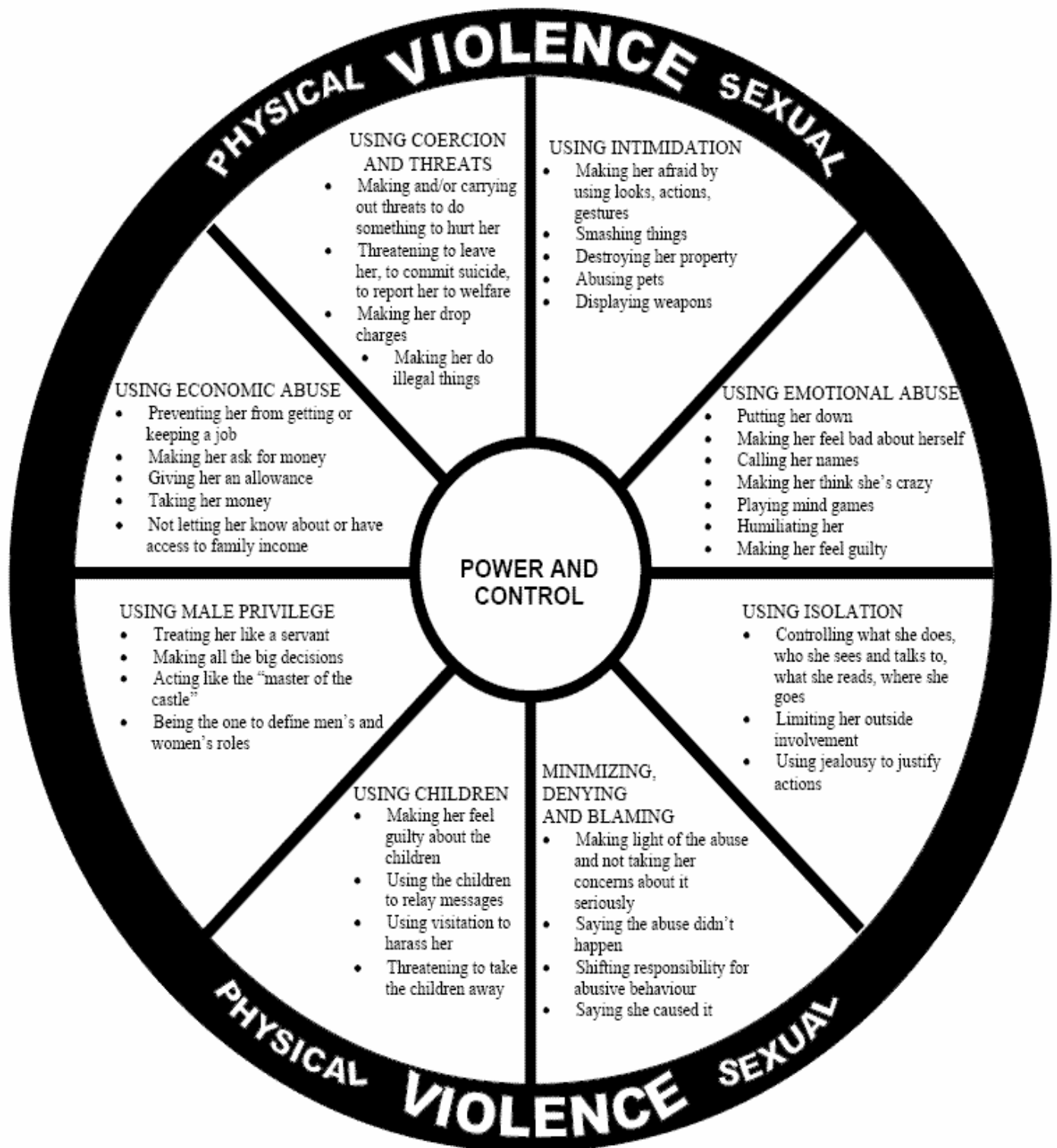
#### **Over-controlling/punitive**

Due to stress/anxiety and disintegration of sense of control generally or as a coping mechanism to placate the abusive partner:

- parent may become less tolerant of normal-range childhood behaviours
- loses patience and temper easily with the children; shouting a lot
- more punitive of children generally and may involve physical chastisement
- more demanding about the standards of child's behaviour
- may be more punitive when child's behaviour reminds the victimised parent of the abusive partner, or when the child resembles the abuser (or the child may even be a product of rape)
- victimised parent "takes it out" on children due to the stress of abuse

### **Seemingly neglectful parenting**

Remember that signs of children being neglected may be due to a woman being the victim of domestic abuse, where she is incapacitated in her ability to care for the children whilst living in fear and trying to survive the abuse. Once she and her children are safe and protected, things can quickly turn around, given sufficient support and help, so that a mother can regain her confidence and abilities in being an effective parent.



## Appendix 3

### Use of Children

Women are often blamed for having 'failed to protect' their children from an abusive man. It is important to understand that children are often used as an additional tool to further undermine and control her. By criticising the abused parent we are absolving the abusing parent from their responsibility of the children's well-being.

Violence and control of children can begin before birth with many men first abusing their partners during pregnancy<sup>5</sup>.

The abusive man may control the relationship between the woman and child/ren by:-

- getting children out of bed to witness/watch the attacks
- raping the mother in front of the children
- forcing children to join in the abuse
- giving rewards (including affection, outings, positive interaction) for verbal/physical abuse of their mother
- punishing the mother by threatening/harming the children
- threatening to abuse the child/children if the mother does not comply with demands
- forcing children to undertake household tasks
- forcing children to take or administer alcohol/drugs
- threatening or destroying toys/pets
- insisting that the children are quiet at all times
- forcing the children to keep "the secret" of the abuse
- preventing the mother from showing affection to the children
- constantly criticising the mother for being too harsh/too soft
- keeping children with him at all times
- treating to remove the children
- threatening to remove children to the authorities as "unfit mother"
- making her constantly pregnant
- use of contact with children to reach/pressure/threaten the mother after separation

A boy, aged 13 said:

"I was ashamed that he was my dad..... I hated him; at the time I did.....  
It was like I couldn't even trust my own dad"

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<sup>5</sup>Bewley, Friend and Mezey Eds, *Violence against Women*, Royal College of Obstetricians and Gynaecologists, 1997

## Appendix 4

### Impact on Children

#### Impact on children of witnessing or living with violence against their mother (female carer)

Violence against a woman can have both immediate and long-lasting effects on her children or any child she cares for. This violence and control may affect their daily lives, dictating what they can and cannot do as well as having an impact on major life decisions such as moving house and educational attainment.

Children's lives may be affected by the man's violence even before they are born. Violence often begins or escalates when a woman is pregnant. The violence may adversely affect the mother's feelings towards her new-born child or cause injury or death to the foetus.

Living with violence creates stress and tensions for children that can show in a variety of ways. Bed wetting, poor health, loss of concentration or poor language skills are common reactions. A child may demonstrate emotional responses such as behavioural problems, shown through acting out at school, bullying and using violent behaviour to resolve conflict, withdrawal, running away, or disruptive behaviour. Conversely, a child may strive to rescue the situation and try to make everything right.

There can be longer term effects as a result of fear, confusion and trauma. Some children develop a sense of responsibility. They may blame themselves for not being able to stop the violence and protect the mother. Children living with violence are often not offered support and their needs are overlooked.

Men can use children to control women. After separation, men often use the children to find the woman or coerce her into reconciliation. He may also control her and her relationship with the child/ren by undermining her parenting and blaming the children's very existence for the family's "problems". The children may be forced into participating in the violence or may get caught up in the violence and be injured. Children may also be subjected to violence and there is a high correlation between men using violence against women and directly abusing the child/ren.

A major impact of violence for many children is living with uncertainty and upheaval – never knowing quite when the next incident will occur, when he will or won't be there, when and if they may be expected to leave, where they will live, who to trust, what secrets have to be kept from whom, who they may lose from their lives and when it may all begin again. Relationships with relatives, friends, professionals and pets are all at risk.

These experiences can affect some children for much of their lives and their beliefs and attitudes may also be deeply influenced by what they witness. These experiences can affect them in differing ways and they may need help to make clear choices about their own beliefs, behaviours and conduct in relationships as adults.

## **Additional Impact**

Having to move house/move a lot  
Disruption of schooling  
Effect on educational attainment  
School attendance issues / irregular school attendance – may be forced to stay at home to protect  
Losing relationships, e.g. with grandparents  
Not allowed friends or visitors  
May be intimidated / frightened  
Wanting to protect abused parent/siblings

Health conditions  
Prenatal death or injury to the unborn child  
Mother/female carer not always available/emotionally distanced

Standard of living lowered  
Difficulties at school  
May affect job/career prospects  
May be forced to stay home to spy  
Losing friends/pets  
Play/activities restricted  
Unhappiness/confusion/distrust/guilt  
Physical injuries  
Health consequences due to pre-birth violence  
Mother not allowed to breastfeed

## Appendix 5

### Risk assessment for families where domestic violence is known/suspected

This is a suggested tool for all agencies to use when assessing domestic violence. The level of risk should be determined by the number of positive responses to the questions listed, and to the severity of information provided in response to each question.

#### Pregnancy & the unborn child

- ◆ Has the woman been assaulted in the past year?
- ◆ Is the woman being prevented from accessing maternity services?
- ◆ How many pregnancies / terminations of pregnancy (TOP) have there been?
- ◆ Has the woman suffered miscarriages in past pregnancies?
- ◆ Is the current pregnancy from a new relationship?
- ◆ Is the woman in premature labour?
- ◆ Has she had premature/pre-term deliveries in the past?
- ◆ Is the pregnancy the outcome of a sexual assault?
- ◆ Is the abuse becoming more frequent, intense or severe?
- ◆ Is the woman planning to leave the abusive partner?
- ◆ How much does the woman feel at risk?
- ◆ Is there any additional factor such as mental health problems, substance misuse, and
- ◆ disabilities?

#### Children

- ◆ Are children being harmed either directly or indirectly?
- ◆ Have there been threats to harm/kill the children?
- ◆ Have weapons been used? If yes, what weapons?
- ◆ Can the child access help?
- ◆ Does the child have any unexplained injuries?
- ◆ Are children witnessing the abuse of another?
- ◆ If “yes” to witnessing:
  - What is the child doing when the abuse is taking place?
  - Are other siblings present?
  - Are the children being used as shields?
  - Are the children intervening to try and stop the assaults?
  - Are children involved in perpetrating the assault?
- ◆ Have the children been prevented from leaving the house when an assault has taken place?
- ◆ Are the children being used as carers to younger children or the abused parent?
- ◆ What is the impact on the child’s access to the learning environment?
- ◆ Has the child got a support network from other family/friends?
- ◆ Are young children accessing the surveillance checks offered by the primary health care team?
- ◆ What is the impact on the child’s psychological/mental development? e.g. substance misuse, eating disorders, self-harming, running away, teenage pregnancy?

## **Parental Contact with Abusive Parents**

- ◆ Where children have been separated from the abusive parent, what are the contact arrangements?
- ◆ Are the contact arrangements safe?
- ◆ Are the contact arrangements formal, i.e. arranged by the Family Court?
- ◆ Have there been threats to remove the children from the area/country?
- ◆ Is contact being used to pressure / gain access to the mother?
- ◆ Is conflict or violence (including threats or emotional abuse) used in the context of handover?
- ◆ Are there any injunctions in place?

## Appendix 6 Contact Details

### A Child Protection and Safeguarding Services and Advice

- **If you are concerned about a child you must always do something. If you're not sure – seek advice** <sup>6</sup>
- If you think a child is in immediate danger contact the police by dialling 999. If you want to report a crime against a child, contact your local police station.
- **To make a referral to Children's Specialist Services:**
- Ring the Referral and Assessment Team and ask for the Duty Social Worker on: 020 871 6622
- If you are seeking advice or support for a disabled child, you should contact the Disabled Children's Team on 020 871 7192
- In an emergency, after 5pm and at weekends or on bank holidays, you can contact the Out of Hours Duty Social Worker on 020 8871 6000

#### **Wandsworth Primary Care NHS Trust**

Designated Doctor: Dr Peter Green – 020 8672 1255  
Named Doctor: Dr T Anandarajah – 020 8812 4103  
Designated Nurse: Ileen Ashitey – 020 8812 4104  
Named Nurses: (Post currently vacant) – 020 8812 4104

#### **South West London and St George's NHS Trust**

Named Doctor: Dr Sarah Thurlbeck (temp.) – 020 8725 3648/3483  
Named Nurse: Ruth Meadows – 020 8725 2706

#### **South West London and St George's Mental Health NHS Trust**

Named Doctor: Dr Diana Cassell – 020 8296 1381  
Named Nurse: Janette Brown – 020 8682 6391

#### **Education**

Each school has a Designated Person for Safeguarding and Child Protection.

#### **Police**

Metropolitan Police - Child Abuse Investigation Team (CAIT) – 020 8247 7827  
Community Safety Unit – Hate Crimes Unit – 020 8247 5435

- **Designated Professionals and Advisers in child protection/safeguarding:**
- **General** If your agency does not have its own guidance or Child Protection Adviser contact the **Children's Specialist Services Referral and Assessment Duty Team** (as above) or the Council's Child Protection Unit: 020 8871 7249

## **B Domestic Violence Services**

### **Reporting domestic violence**

#### **In an emergency you should phone 999**

Non-emergency calls can be made direct to the Police  
The Community Safety Unit has been specially trained to support victims of domestic violence.

If you are reporting domestic violence which impacts on children to the police in a non-emergency you must also refer to Children's Specialist Services for a multi-disciplinary assessment.

### **Local support for domestic violence survivors**

Victim Support Wandsworth provides a specialist, confidential domestic violence service to anyone affected by domestic violence; Wandsworth Safety Net., The workers are named Independent Domestic Violence Advocates (IDVA's) and give specialist advice on housing issues, signposting to legal services, safety planning, risk assessments, information on injunctions and criminal remedies. They also provide ongoing emotional support to empower survivors to improve the quality of their lives. Victim Support also provides a free counselling service, SPACE.

#### **Wandsworth Safety Net**

**020 8767 1641**

#### **Victim Support**

**020 7223 1234**

Victim Support also has contact with many local organisations and are able to refer victims if appropriate to enable them to receive the necessary support.

#### **Imani Project**

**020 72071117**

### **Emergency accommodation for victims of domestic violence**

#### **Refuge 24 hour helpline**

**0808 2000 247 (if busy, leave message**

**with telephone number and safe time to call)**

**Wandsworth Women's Aid (please check as this is only for emergency for a night or two-may not take Wandsworth residents)**

### **Local support for perpetrators of domestic violence**

**London Probation** manages domestic violence perpetrators who are sentenced to a Community Order and on post custody licences. Some Offenders are required to attend the Integrated Domestic Abuse Programme (IDAP). Victims of Offenders who are on IDAP are allocated a Women's Safety Officer within London Probation who provides advice and support to the victim and also liaise with the allocated Offender Manager and IDAP staff to reduce and manage the risk the offender poses.

#### **Domestic Violence Intervention Project (DVIP)**

**020 8748 6512**

#### **The Violence Initiative**

**020 8365 8220**

#### **Respect**

**0845 122 8609**

**See the Domestic Violence Service Directory for more detail**

<http://www.wandsworth.gov.uk/NR/rdonlyres/euidkk5mquptwvpv5rykcj3b5ecqvj75zm3ewgl2k4u2k66zgbu4jhcq5xqacdygztsylcl3l27khlidoshqfqp2x5i4e/ssdomviolence.pdf>

<http://www.wandsworth.gov.uk/Home/Safeguarding/Professionals/DomesticViolence.htm#7>

## **Domestic Violence Services**

### **National help lines/websites**

Please note you may not get through straight away.

When advising service users of these numbers note that only 0800 or 0808 lines are free to the caller, but may not be free from mobile phones.

Victims of domestic violence should also be advised that their phone may leave a track of phone calls to these services if not removed.

**Victim Support Helpline** **0845 3030 900**  
Support for anyone affected by crime

**24 hour National Domestic Refuge Freephone Helpline** **0808 2000 247**  
Advice & information , also provides refuges for women & children

**MALE advice and enquiry line** **0845 064 6800**  
Support for male **Victims**

**Mankind** **0127 8783 074 or**  
Support for male victims of domestic violence **0192 2615 957**

**Broken Rainbow** **08452 60 44 60**  
Support for lesbian, gay, bisexual and transgender people

**TULIP** **0151 637 6363**  
Support for parents who are being abused by their children

**RASP (Rape and Sexual Abuse Counselling)** **08451 221 331**

**The Hideout** [www.thehideout.org.uk](http://www.thehideout.org.uk)

**Respect for us** [www.respect4us.org.uk](http://www.respect4us.org.uk)  
Interactive website giving advice for children and young people