

**Structure of DVRIM**

There are four scales indicating the level of risk to the child which will direct the level of assessment required to safeguard child. 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). Each scale has categories to assist professionals to think through whether the information is about the:

- i) **Evidence of domestic violence:**  
This is the most significant determinant of the scale of risk (moderate through to severe)
- ii) **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 violence
- iii) **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.**

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, staff should judge the risk to the child/ren to be at the higher level (in this case, scale 2) and plan accordingly.

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. Staff should look for clustering of risk factors clustering under one scale which will determine risk level and assessment required.

## **Factors which increased vulnerability/risk and appropriate interventions**

### **Age of child**

Evidence from serious case review in England highlighted that babies under 12 months old are particularly vulnerable to violence. Where there is domestic violence 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 violence may fall within **scale 4**.

(Safeguarding London's Children: Review of London Serious Case Reviews First Annual Report Author Christine Christie May 2007)

If there are children under the age of 7 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.

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 (PO VA) procedure.

If the child/ren or mothers are from a black or minority ethnic community they may be experiencing additional vulnerabilities.

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 (eg the child could be the focus of paranoid thoughts).

Social worker should also assure themselves that a child is not perpetrating abuse towards other family members.

Gateway staff in Belfast Trust please refer to Health Visiting/Gateway D VRIM protocol in appendix 14 which has specific agreements regarding levels one and two of DVRIM relating to the age range of the children in the household.

### **Thresholds & interventions**

**Threshold Scale 1 and 2** assesses the potential risk of harm to the child/ren as moderate. A child in this situation will have additional needs. Notification to Children's Social Services. Information screened and database updated: Health Visiting informed and Family Health Assessment updated for children under school age; Children's Social Services makes informed decision on whether a UNOCINI Initial Assessment is required at level 2. If parental/mother's consent is withheld this raises the level of risk; Children under 7

yrs/children with special needs increases risk The younger the child the higher the risk to their safety. Consider protective factors. Early case closure.

(At Threshold One Belfast Trust Gateway staff please refer to health visiting/Gateway domestic violence protocol)

**At Threshold Scale 2 the following risk indicators which could raise threshold are:**

- BME issues – within a cultural context
  - does the mother and child fear involvement from services because they do not have (or have been led to believe they do not have) 'leave to remain' in N Ireland
  - is the mother not able to or not comfortable to communicate in English
  - is she or child isolated no established networks
  - does the mother and/or father have a perspective on parenting practices underpinned by culture or faith which are not in line with UK law and cultural norms
  - mother/father unaware of standards of childcare practices in N Ireland, official processes and supportive services
  - the child has a different appearance and culture to them - a single mother with a child who has inherited their father's appearances
- Disability issues within the family situation
- Adult mental health issues which are not prolonged and/or serious but **no supports** are in place for victim/abuser.

**Protective factors that would support case closure at level 2 include:**

- Mother/child relationship is nurturing, protective and stable. Mother was not prevented from seeing to the needs of her children as domestic abuse is not of a serious or prolonged nature and mother's emotionally well being is good as she continues to meet the needs of child
- Mother is emotionally strong and has supportive community networks
- Presence of the child/ren was a restraint for the abuser - and he is acknowledging this in the initial assessment. This will inform safety planning for mother and child
- Abusive father is acknowledging to some level that he is responsible for the abuse, 'appears to be' co-operating with initial assessment recognising the impact of his abusive behaviour on his children/parenting capacity
- Separation with or without protective orders: victim in supportive network
- Older age (7yrs +) range of children/young people in family - safety planning been completed with child/ren
- Support and protective measures for child/ren: a safe significant other with who child has a nurturing relationship, legal orders being sought
- Supports for mother: receiving support from a domestic violence/family support service.

**Threshold Scale 3 assesses the potential risk of harm to the child/ren as serious. In threshold scale 3, protection factors are limited. Child/ren in need, child's health and development likely to be significantly impaired. Children's Social Services to undertake UNOCINI Initial Assessment which may lead to Pathway assessment via Family Support or Child Protection if the Threshold of Significant Harm is reached in the latter. Where possible contact to be made with the victim in neutral venue outside the home. Some factors may raise the level of risk and raise the Threshold to level 4.**

**Staff should ensure that a DASH assessment has been completed with the mother**

**Additional information to help clarify level of risk at DVRIM level 3**

- **Children's exposure to domestic violence - consider pattern, severity and duration of domestic abuse**
- **Age-range of children( under 7yrs): Child who behavioural difficulties and/or additional needs**
- **Older child (11 yrs) intervened to help mother may not be assessed at level 4 of DVRIM. Staff need to consider the child's safety and risk of significant harm when child has intervened. Child will require more intensive safety planning intervention**
- **Domestic violence occurring at child contact: especially in cases where mother is pregnant and recently separated, in the post natal period, or in situation where the child is under 7 years, where there have been incidents of separation violence, especially within BME families, where domestic violence had occurred during contact and where child had to intervened to help mother there is a need for safety planning to be undertaken especially where there is adult substance contributing to domestic violence occurring at child contact. Apply new Child Contact PPP risk screening tool in appendix 4**
- **Presence of interlinking risk factors: adult mental health, substance abuse, adult learning difficulties, neglect (relative poverty), severe financial stresses, disability issues, other stresses in family's situation ie infidelity, paternity issues, financial, bereavement, unemployment (loss of job). At this level alcohol misuse can be misinterpreted as 'party-drinking' which contributed to domestic violence incident**
- **BME Issues: restriction of movement, accompanied by family members to appointments, speaking for victim. Immigration constraints - no recourse to public funds. Abuser's interpretation of culture/faith used as a form of control to curtail women's autonomy. Extended family support of abuse who may perpetrate abuse themselves. Family honour - transgression of traditional forms of acceptable female behaviour results in punishment ie social ostracism, harassment, controlling/coercive behaviours, and emotional abuse. Victim may be prevented from leaving abusive situations due to threats of such forms of abuse. Isolated – no social networks**
- **Threats to harm (not kill): to include situations where the couple are separated or at point of separation. The initial assessment needs to be made on the 'credibility' of threats by seeking the support of the PSNI**

- **Interlink between increased levels of domestic violence and serious financial difficulties** and/or serious level of financial control by perpetrator or conflict over property issues
- **Family domestic violence:** violence occurring between siblings, siblings and adult siblings and siblings to parent/main carer
- **Personal vulnerabilities of victim**
- **Disruptive childhood experiences of abuser**
- **Infidelity/paternity issues emerging in couple's relationship**
- **Victim withdraws statement and/or bail conditions are breached which compromise the effectiveness of protective measures for child's situation**

**Protective factors at levels 3 and 4 will be limited protective factors due to the serious level of domestic violence which predict recidivism:**

Remember that research strongly suggests that 'past behaviour alone' is a better indicator of potential for violence

Protective factors at levels 3 and 4 include:

- **Separation**

In assessing whether '**Separation**' is a protective factor for the victim and child, staff need to consider other risk factors in particular, the severity of the abusive partner's domestic violence, his level of control and possessiveness, threats or attempts to abduct child, the number of static risk factors he presents with – if known, interlinking risk factors, the stalking harassment behaviours of ex-abusive partners including the use of social network sites, victim's vulnerability factors, the outcomes of DASH-MARAC process, victim's level of engagement with supportive services and how safety planning interventions can support 'Separation Safety'. Please refer to further information on behavioural indicators of stalking and harassment on pages 11 and 12

- **Protective orders**

- **Safety planning** - mother attempts to use protective strategies but be mindful that the abuser's violence and control may be so serious and intense that child may still be at 'risk of significant harm' as mother cannot protect despite using all available legal protective strategies

- **Supportive networks** – woman's level of engagement may be limited due to the intensity of her abusive partner's control

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

**Resilient factors for child that can be protective in levels 3 and 4**

One of the characteristics associated with the child that has been associated with a lower risk of negative outcome is an age older than 5 years – due to impact of stress of domestic violence on infant mental health.

- Resilient factors for children living with domestic violence include:
  - positive child temperament

- positive feelings of self-worth
  - school competence
  - a positive relationship with the mother
  - length of exposure to domestic violence is a key factor that these factors all serve to mitigate the effects of domestic violence
  - positive peer relationships
  - age appropriate responsibilities - children expected to undertake chores - tidying rooms, washing dishes, helping in the garden.
- Parental factors found to provide a protective function for children in families with domestic violence are parental competence and mother's mental health
  - Given the nurturing relationship mother has with child, the ` emotional closeness to their mothers' ie nurturing attachments, will have a protective influence, buffering the effects of witnessing domestic violence
  - School/p/t work/sport/outside hobbies and interests that child has which acts as a refuge from the discord at home
  - A safe significant other such as a grandparent or friend with whom the child has a close nurturing relationship and where child mother can stay when the situation at home worsens.

` Protective factors associated with the broader environmental context include the availability and strength of social support (Hughes et al, 2001). But the longer the domestic violence goes on, the more acute the discord, the fewer mediating influences, the worse the outcomes for children'.

Reference: Promoting Resilience –A Review of Effective Strategies for Child Services. By Tony Newman

### **Staff need to note the difference between children's resilient factors and coping strategies**

#### **Children's coping strategies:**

- General short-term strategies included hiding, crying, cuddling, protecting and reassuring siblings, trying to protect mothers, telling an adult, often a relative, and getting help from the police and other agencies
- Longer-term coping strategies included developing safety strategies, talking to someone, seeking help from adults and professionals, finding a safe haven, supporting mothers, sticking together with and helping siblings, and trying to be actively involved in addressing the issue
- Some children used creative methods of coping such as routinely finding a quiet space somewhere for themselves in order to gather their resources and calm themselves
- Others turned regularly to a trusted adult for support (maybe a grandparent) without necessarily telling the person the whole story

**Threshold Scale 4** assesses the domestic violence as severe with increased concern regarding children's well-being due to severity of the domestic violence and/or the additional

contributory risk factors. In threshold scale 4, protective factors are extremely limited and the threshold of significant harm is reached.

**Staff should ensure that a DASH assessment has been completed with the mother**

**Additional information to help clarify level of risk at DVRIM level 4**

- **Physical abuse of the child in the domestic violent incident**
- **Children's exposure to domestic violence.**

The following are the factors that can threshold case at CP level in relation to child's exposure:

  - **child** has been physically abused
  - **child** had summoned help by 999 call
  - **child who has directly intervened** in domestic violence incident
  - **child who directly witnesses**, gets caught up in the domestic violence incident, by being present ie baby in mother's arms, child coming down into the incident or being present in unforeseen circumstances ie by accident (at end of contact visit)
- **Age range of children in the household**
- **Pregnancy and post natal period to 18 months:** Undertaking a pre-birth risk assessment **is highly recommended.** If the victim has separated consider if protective factors are effective to protect unborn/new baby and mother. Alert midwifery and health visiting and request repeat domestic violence screening prior to and at time of birth, noting the mother's birthing partner.
- **Child/children in family have a previous care history**
- **Severity of the 'physical violence' in the incident**
- **DASH-MARAC interface: Gateway staff should ensure that a referral to the MARAC process has been made**
- **Sexual abuse of victim**
- **Suspected or disclosure of sexual abuse of child during the assessment process**
- **Presence of interlinking risk factors:** adult mental health, substance abuse, adult learning difficulties, neglect (poverty), severe financial stresses, disability issues, BME issues, other stresses in family's situation ie infidelity, issues of paternity, severity of financial difficulties bereavement, unemployment (loss of job)
- **Threats to kill**
- **Suicidal or homicidal ideation by either victim or abusive partner**
- **BME risk factors:** Severe restrictions of movement, house arrest. Isolated. Substantial risk of so called 'honour based violence' (HBV) - perceived transgressions results in threats of serious violence and/or acts of violence-killings. Substantial risk of/confirmed forced marriage - history of FM/early marriage in family, prolonged/unexplained absences from school, older siblings have runaway from home. Extended family support DV/HBV/FGM. Collusion/active involvement of the community. Mental health issues of abuser or victim increased concerns. Female genital mutilation - victim has suffered – female child at risk

- **Presence of victim's or abusive partner's childhood vulnerability factors**  
: known to social services ie child protection concerns as child, former LAC, and generalised aggression to others
- **Victim has children who are 'not in her care'**
- **Presence of abusive father's disruptive childhood experiences**
- **Age of parents:** Young parents under 25 years with personal vulnerabilities of one or both parents
- **Factors that contribute to Assessment Paralysis:** is a combination of parental behaviours that interfere or prevent social workers undertaking an assessment of the child's needs:
  - Abuser's use of avoidance/resistance to engage with social care has an element of 'disguised compliance' eg sporadic, passive or desultory compliance, superficial cooperation, acceptance of concerns but not engaging in work to effect change/selective engagement - increases risks to children
  - Victim's engagement with social care has an element of 'disguised compliance' as outlined above will increase risks to her children. Some victims who are 'highly avoidant' will have a number of personal vulnerability factors which will increase her vulnerability to abusive partner, which will impact on her ability to be 'pro-active' about her children or her own safety, her decision making and she will not be cooperative with safeguarding advice/child protective plan.
  - Use of distractive behaviours to disrupt professional interventions, adult deceitfulness relating to current family plans/circumstances, deliberate deception
  - Frequent moves by family contributes to difficulties in professional intervention/child/ren 'off the radar'
  - Abuser's and/or victim's misuse of complaints procedures to disrupt professional interventions - increases risks for children
  - Abuser/victim may demand change of worker
  - Abuser's use of threatening aggressive behaviour/pattern of hostility towards supportive professionals intimidates staff - staff cannot effectively challenge concerns and work constructively with family
  - Victim's use of threatening aggressive behaviour
  - No unified professional intervention plan exists - increases risk for children
  - Professional collusion or conflict over problem definition-increases risks for children
  - Professional is overwhelmed and/or lack of worker's self confidence makes it difficult to challenge the opinions of other multi-agency professionals

Please refer to Protective factors section under level 3 – limited protective factors due to the serious level of domestic violence which predict recidivism



## DVRIM Application

Practitioners should apply the risk matrix at different stages in the initial assessment process

**1. At Referral to inform decisions in case allocation and initial assessment:** SSW applies DVRIM to the information received from referral source, paying attention to severity of the domestic violence, how child(ren) was 'caught up in the abusive incident, age range of children in the household, the presence of interlinking risk factors of adult substance misuse, adult mental health difficulties, adult learning difficulties, disability issues, risk factors associated with domestic violence within BME communities, emerging issues relating to neglect, and parenting capacity. Consideration of protective factors in the child's situation include:– mother has separated from abusive partner and there are protective orders in place, however ongoing 'separation violence', ie stalking and harassment may mean that the protective orders are not effective. Other key protective factors include/ the use of 'safe' accommodation, a positive nurturing relationship between mother and child where the mother is prioritising the child's needs in the situation, the mother has positive supports, and is engaged with supportive networks, the identification of a 'safe significant other' for child within family/friends/community with whom the child has a positive relationship, safety planning interventions have been undertaken with mother and child (aged 7 years+), the abusive father/father figure is acknowledging to some level that he is responsible for the abuse, and he is seen to be 'co-operating' with initial assessment beginning to recognise the impact of his abusive behaviour on his children, his partner and/or his parenting capacity.

Separation does not mean 'safety' for woman or child if the abusive father/father figure is excessively possessive, jealous and intensely controlling especially where there is a history of the woman being 'policed at home ie her movements/activities/choices are totally controlled by abusive partner. In the initial assessment, the social worker needs to access the intensity of control the woman has experienced from her abusive partner.

The following are additional high risk factors which may indicate future violence in cases of 'separation violence', harassment and stalking:

- Suspected or confirmed 'Infidelity' – ie he cannot 'let her go' due to his excessive jealousy and/or possessiveness
- Paternity issues
- Threatens to 'snatch' children/get children removed from my care
- Threats to report me to child care authorities
- Financial and/or property issues
- Pursuit of the victim during/after separation
- Vandalising or destroying property/Forces entry into home
- Turning up unannounced and/or loitering around the workplace/home/school
- Following the victim or loitering near the victim
- Threatening the victim and/or others with suicide, homicide or sexual violence e.g. 'if I can't have you nobody will'
- Calling/texting/emailing continuously and obsessively
- Use of social network sites to make contact and harass partner, sending letters/notes/items/'gifts' –he may use children through their use social network sites ie through internet contact with child when playing X–box on–line game
- Engaging others to help
- Acting violently to anyone else during the stalking incident
- Making contact around certain anniversaries, birthdays or dates.

Children of the relationship may also be used to permit harassment and stalking of your client. The perpetrator may obtain information or items from children that could place your client at risk, for example:

- Keys to the property
- New addresses of work, school, and home

Useful questions staff can use to explore 'controlling elements in the relationship

Does your partner insist on knowing your daily movements? Always checking what you're doing? Does your partner get jealous? , how does he behave when he is jealous?

Does he try to control everything you do? (*Is he possessive and controlling about who you talk to, how you dress? Are you 'policed' at home, how does he monitor your daily activities/your life?*)

If the perpetrator(s) is controlling, what do they do? Examples of controlling behaviour may include:

- Being made to account for time and whereabouts
- Isolation from friends and family Interception of mail/telephone calls
- Accusations of infidelity
- Being prevented from taking medication
- Extreme dominance
- Being prevented from leaving the house
- Making threats that children will be removed if victim reports
- Extreme jealousy, e.g. "if I can't have you no one else can"
- Use of the victim's religion to control

So called 'Honour'- Based violence, Forced marriage and FGM (female genital mutilation) (please see further information on domestic violence issues within BMER communities in appendix 7). PSNI will be implementing a new policy on these three serious crimes in 2011.

2. Re-apply DVRIM during Initial Assessment process following multi-agency checks, accessing historical information and first face to face contact with mother and child.
3. Re-apply DVRIM at completion of Initial Assessment considering protective factors which may mitigate risk level to support decision to transfer case under for Family Support Plan or Child Protection Plan when staff will have assessed protective and resilient factors in the child's situation.

**Examples of severity of domestic violence**

Always consider each incident in relation to the *severity, frequency* and *duration* as this will indicate length of time children have been exposed to a traumatic and abusive event. Consider the *context* in which the violence took place, ie pushing the victim at the top of a flight of stairs.

Types of violence - always put type in violence in context of how abuse was used and with what degree of 'physical force'	
<b>Minor</b>	<ul style="list-style-type: none"> <li>■ Isolated incident of <i>short duration</i> - slap, grabbing by the arm, push and/or shove- put in context ie pushed downstairs, into glass door. Injuries which require no professional treatment and leave no significant marks.</li> <li>■ Emotional/verbal abuse towards victim - occasional insults, humiliation, denigration, scapegoating, occasional exposure to situations causing anxiety or fear but no threats of harm.</li> </ul>
<b>Moderate</b>	<ul style="list-style-type: none"> <li>■ A punch, hit, kicked, hair pulling, pinching, poking, scratching. nipping</li> <li>■ Bruising, minor cuts resulting in temporary injury – medical treatment may have been necessary but not sought</li> <li>■ Destruction of property may be used instead of physical violence against the victim - <i>clothing/personal photos</i></li> <li>■ Acts of intimidation and/or frequent verbal insults, humiliation, denigration, scapegoating, rejection, repeated exposure to frightening situations.</li> </ul>
<b>Serious</b>	<ul style="list-style-type: none"> <li>■ Incidents not life threatening but causing injuries</li> <li>■ Beaten with hands, fists - repeatedly kicked, repeatedly punched</li> <li>■ Grabbing partner by the throat - not attempted strangulation</li> <li>■ Throwing partner around the room, up against a wall</li> <li>■ Head butted, biting, dragging partner by the hair</li> <li>■ Destruction of property – <i>wrecking the house</i></li> <li>■ Separation violence - non-compliance with court orders</li> <li>■ Threats to harm</li> </ul>
<b>Severe</b>	<ul style="list-style-type: none"> <li>■ Broken bones, deep cuts, burns or internal or head injuries necessitating hospital treatment, permanent injury</li> <li>■ Severe beating with feet, fists - note duration of incident</li> <li>■ Attempted and/or forced marriage, so called 'honour' crimes and female genital mutilation</li> <li>■ Attempted kidnapping of mother/and or child/ren</li> <li>■ Threats to kill/injure - mother/and or child/ren</li> <li>■ Child/ren injured/assaulted by the abuser</li> <li>■ Attempted strangulation</li> <li>■ Attempted suffocation/drowning</li> <li>■ Scalding/burns (<i>cigarette burns</i>)</li> <li>■ Assault with weapons (<i>including household items-belts/screwdriver/knives</i>) Stabbing- inflicting wounds with a knife. Threats with weapons.</li> <li>■ Assault during pregnancy</li> <li>■ Sexual assault/abuse - attention to room location where violence occurred</li> <li>■ Driving recklessly with mother and or child/ren in car</li> <li>■ Separation violence - non-compliance with court orders</li> <li>■ Threats of suicide attempts/idealization</li> <li>■ Fractured skulls/ fractured bones/broken bones</li> <li>■ Being tied up/locked in a room - (<i>mother locked in room to prevent her from seeing to the needs of children</i>)</li> <li>■ Dangerous falls - being pushed down stairs</li> <li>■ Being deprived of food/medical treatment</li> <li>■ Arson or threats of arson</li> </ul>

## **Information that informs and supports staff in the use of**

### **DVRIM Families with additional vulnerabilities**

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 violence 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 violence in the family.
- **Language/Literacy:** children and their mothers may face the additional challenge to engaging with services in that English is not their first language. When working with these 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, and members of the extended community network should also be avoided wherever possible.
- **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:** some recently immigrant families 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 British Crime Survey consistently shows that disabled people are much more likely to experience domestic violence than non disabled people.
- **Social Exclusion:** children and their families may also face additional vulnerabilities as a result of social exclusion. The British Crime Survey 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 violence. 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 men who have not fully transitioned.

### **Black & Ethnic Minority Communities-Safeguarding Children Checklist devised by London Safeguarding Board**

BME families often live with circumstances which reduce or completely obstruct their ability, with or without a professional safeguarding support plan, to do the things they need to do to keep their children safe.

#### **Ask yourself the following questions:**

##### **If this parent.....**

- 1. Cannot speak, read or write English**, will s/he be able to eg get a job, arrange suitable childcare, register with a GP, pursue a legitimate asylum claim, understand the law etc?
- 2. Fears that the 'State' is authoritarian**, will s/he be able to register with a GP, engage with the local children's centre, talk to the school about their child's progress/difficulties, call social services or the police if necessary eg for help with domestic violence?
- 3. Lacks strong social networks**, will s/he be able to cope with the stresses of child rearing and the tensions and emergencies of everyday living?
- 4. Lives in temporary housing**, eg B&B, s/he will be unsettled, moving at (irregular) intervals to new and unfamiliar areas, not able to begin building a supportive social network, needing constantly to engage with a new GP, children's centre, school etc?
- 5. Is living below the poverty line**, s/he will have the added burden of not being able to buy enough food and clothing, keep warm enough, travel as needed or give things to their child as they would like, to add to the stresses of child rearing and the tensions and emergencies of everyday living?
- 6. Has a child who is of a different appearance and culture to them**, eg a single mother whose child has inherited their father's appearance (and as a young person chooses their father's culture), will the mother's skills and the child's identity and self-esteem be sufficiently resilient?
- 7. Is living in a close-knit community**, will s/he be too scared or ashamed to engage with statutory and other services for herself eg domestic violence, sexual abuse/rape, repudiating female genital mutilation or spirit possession, or for her child eg honour based violence or sexual promiscuity?  
**Has a perspective on parenting practices underpinned by culture or faith which are not in line with UK law & cultural norms**, will s/he put their child at risk of harm through eg leaving young children at home alone, exercising robust physical punishment, forcing a child into marriage etc?
- 9. Recognise his/her faith or community leader as all powerful**, will s/he put their child at risk of harm rather than questioning the leader?

and, if this young person...

- 10.** Is compromised in relation to his/her community, through being 'westernised' eg sexually active (incl. teenage motherhood), having a girl/boyfriend not from the same community; or by having a stigmatising experience eg sexual abuse, mental ill health or a disability, will s/he be able to seek help to keep safe from the community or statutory and other services?
- 11.** Has strong allegiance to a group or gang, eg radicalised, will this stop him/her from seeking help from the community or statutory and other services, to stay safe?