



LONDON BOROUGH OF HILLINGDON

OVERVIEW AND SCRUTINY

THE DOMESTIC VIOLENCE WORKING PARTY

Final Report – April 2004

DOMESTIC VIOLENCE AND CHILDREN

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CHAIRMAN'S FOREWORD



For the last 10 years I have used every available opportunity to highlight the plight of the victims of domestic violence. Yet 10 years on, the Working Party has proved that there are still glaring holes in the safety nets we assumed the Borough's departments and outside agencies had in place for the victims.

The Working Party concentrated on provisions for the children of victims, who lest we forget are actually victims themselves, they either see or hear what is happening and are powerless to help.

There are many recommendations that we hope you will endorse to ensure they are implemented before too many more children are damaged permanently by what they have witnessed and experienced.

The Working Party would like to thank all those who gave their time to attend and be expert witnesses for us, and I would personally like to thank the Working Party members and Democratic Services staff for sitting through some very harrowing evidence.

Janet Gardner

EXECUTIVE SUMMARY

The Domestic Violence Working Party was established under the parentage of the Health and Social Care Overview and Scrutiny Committee, to examine the needs and services provided concerning child and young person victims and survivors of domestic violence in the London Borough of Hillingdon.

The Working Party focused on the topics of:

- Early intervention and support services
- Reporting systems for domestic violence, and
- Effectiveness of interagency reporting and communication,

The purpose of the Working Party's programme was to provide recommendations for improvements to current service provision and develop the network of care and support available to those young people experiencing domestic violence.

The findings section of the following report is divided into six sub-sections, each pertaining to either a key issue for domestic violence or a service area. Those recommendations made are listed below.

Types and Definitions of Domestic Violence

Domestic violence, and the range of effects it can have on children and young people, is a wide-ranging and multi-faceted crime. Domestic violence can occur in many different ways and correspondingly create many reactions and effects on the health of those who experience it. Due to the varieties in type of domestic violence actions and subsequent effects on its victims, inclusive definitions are required. Inclusive definitions aid understanding and promote awareness within the organisations and agencies that adopt such definitions. Staff in organisations dealing with victims/survivors of domestic violence should be aware of the need for sensitivity and receive training to that effect.

The Working Party therefore makes the following recommendations:

- *(3.1.a) That a pan-London definition of domestic violence be agreed by all London authorities and those agencies connected with domestic violence. That this definition be adopted by all such authorities and agencies to ensure consistency across all of London*
- *(3.1.b) That all Hillingdon Borough Council staff who may be contacted by victims of domestic violence receive ongoing awareness training and instruction as to the sensitivity and support needed by all victims*

Education Services

Schools should provide a safe and secure place for learning and personal development. Teachers and schools staffs are in a position to assist in the early identification of cases of domestic violence and to educate children

about the criminality and effects of domestic violence. The Working Party makes the following recommendations pertaining to education services:

- *(3.2.a) That all school staffs (teaching and non-teaching) should be well aware of the internal referral system and designated teacher role. A survey of school staffs should be carried out (and reported back to the Working Party) to identify the current level of awareness*
- *(3.2.b) That representations are made to the Department of Education and Skills and to teacher training colleges to increase the emphasis given to child protection issues related to domestic violence during initial teacher training*
- *(3.2.c) That posters and leaflets be produced, raising awareness and explaining, in all appropriate languages;
(a) the criminality of domestic violence,
(b) the potential damaging effects of domestic violence,
(c) the outward signs of domestic violence, and
(d) the options open to those experiencing domestic violence,
These information items are to be distributed and displayed in schools, colleges, and other facilities used by children and young people*
- *(3.2.d) That schools and colleges be informed of the presence and details of court orders and injunctions, where relevant, so as to help protect the individuals concerned*
- *(3.2.e) That schools be strongly encouraged to put domestic violence awareness and related issues on their curriculum. Such teaching should occur at all levels of schooling and delivered at the appropriate level across the age groups.*

Housing Services

The provision of temporary emergency, and Council housing can be essential to assist survivors of domestic violence escape abuse relationships. In relation to housing services, the Working Party makes the following recommendation:

- *(3.3.a) That housing options supplied to survivors of domestic violence are safe, anonymous, and respectful of the individual's / family's needs.*
- *(3.3.b) That ongoing training of staff on domestic violence to be updated on a regular basis*

Healthcare and the NHS

Healthcare workers are a crucial factor in the identification of cases of domestic violence, and the provision of care to those who experience domestic violence. With reference to the frequency of reported incidences, and the dangers connected with, domestic violence during pregnancy,

midwifery services can play a very important role in addressing this crime. The Working Party makes the following recommendations in relation to healthcare in the borough:

- *(3.4.a) That following Hillingdon PCT's Health and Crime Audit, actions be initiated and continued to address concerns 1, 2, 3 and 4¹ of 'Concerns raised in audit', p18 of the Health and Crime Audit Report.*
- *(3.4.b) That awareness and identification training is provided to healthcare staff, as appropriate from the audit (see above recommendation) of training and awareness levels*
- *(3.4.c) That posters and leaflets be produced, raising awareness and explaining in all appropriate languages:
(a) the criminality of domestic violence,
(b) the potential damaging effects of domestic violence,
(c) the outward signs of domestic violence, and
(d) the options open to those experiencing domestic violence
These information items are to be distributed and displayed in all healthcare facilities used by children and young people*
- *(3.4.d) That a leaflet or similar document be produced and disseminated to all healthcare staffs, outlining the signs of domestic violence during pregnancy, and informing the reader of the referral and care options available.*
- *(3.4.e) That further in-service training be organised for midwives, and all healthcare workers who deal with pregnant women. Such training must be audited to ascertain how successful the uptake and results of the training are.*
- *(3.4.f) That central government and Greater London Authority (London Domestic Violence Forum) be lobbied to the cause of extending training for healthcare workers on domestic violence during pregnancy across London, in accordance with National Institute for Clinical Excellence recommendations and the example of good practice seen already in the Borough of Hillingdon.*
- *(3.4.g) That a leaflet or similar information source be produced and made available to pregnant women explaining the potential harm that domestic violence can exert on the unborn child. Information pertaining to the care and support available to victims of domestic violence should also be included.*

¹ These concerns are: "1: There is a domestic violence policy for Hillingdon. Only one participant said that they had read it. Not enough members of staff are trained on the domestic violence policy. 2: Women are not asked as a matter of course if they are victims of domestic violence when they present an injury to the NHS. 3: Information on domestic violence is not available in all NHS buildings or GP surgeries. 4: GPs do not attend the Domestic Violence Forum. GPs are unaware of the services that are available to victims of domestic violence.

- *(3.4.h) That all pregnant women be offered a private, one-on-one meeting between them and the midwife. This meeting is to take place in complete confidence, in a soundproof and fully enclosed room. Such a room should be made available in the appropriate healthcare facilities*
- *(3.4.i) That set questions become a compulsory routine to be asked by midwives of all pregnant women to help identify cases of domestic violence. These questions must be asked when the woman attends a private meeting between the midwife and the pregnant woman.*
- *(3.4.j) That a designated 'Domestic Violence Liaison Midwife' post be created to handle domestic violence cases during pregnancy and be a source of advice and information for midwives and other healthcare workers concerned about the occurrence of domestic violence on individuals in their care*
- *(3.4.k) That, when dealing with infants or cases in which it is known or suspected that abuse occurred during pregnancy, midwives be consulted by Social Services and the Police when appropriate, regarding information of the occurrence of domestic violence at child protection case conferences.*

Social Services, Community Safety Team, and the Police

The Working Party raised concerns around information sharing and inter-agency communication, popular perceptions of Social Services, and the efforts needed to make the Council's Social Services department accessible and approachable for young people affected by domestic violence. On these issues, the Working Party makes the following recommendations:

- *(3.5.a) That information-sharing procedures between agencies and boroughs are reviewed to ensure they comply with the standards set by the London Child Protection Committee*
- *(3.5.b) That an up-to-date communication and information-sharing protocol be established, detailing the methods and procedures for the sharing and provision of information to all other agencies on matters of domestic violence and child protection.*
- *(3.5.c) That all Council staff be strongly reminded of the regulations governing the distribution of information and the need for the confidentiality of sensitive information to be maintained at all times.*
- *(3.5.d) That efforts be made to correct the 'bad press' and negative images of Social Services. Such efforts should include:*
 - (a) Engaging women's groups and young-mums groups.*
 - (b) Distributing clear information about the services and associated policies of care available, in all appropriate languages,*

- (c) *Countering the fear and impression that children will be taken away from the parent should domestic violence cases be exposed.*
- (d) *Promoting the assistance social services can provide, to counter the perception of parent substitution. Services should be seen as enabling and empowering, rather than as taking the place of the parent/guardian*
- *(3.5.e) That a poster / leaflet campaign be launched by the Community Safety Team, Police, and NHS highlighting the effects of inter-parent domestic violence on children and young people.*
 - *(3.5.f) That another Domestic Violence Outreach Worker post be created to help deal with the level of demand and provide sufficient support to this client group.*
 - *(3.5.g) That counselling services are made available at the earliest stage to enable children and young people to address the traumas experienced, and is continued for as long as it is needed.*
 - *(3.5.h) That the Council be reminded on a regular basis of the recruitment and retention difficulties regarding trained social workers and case workers, and that efforts be made to address this issue.*
 - *(3.5.i) That victims are informed that the Community Safety Team phone line is not operated 24hours a day, and that messages should be responded to at the earliest opportunity.*

Other Organisations

The Working Party recognises the need for a co-ordinated, holistic approach to tackling domestic violence in general, and commends those voluntary sector groups who provide much needed support to those affected by domestic violence, young and old alike.

1. INTRODUCTION

1.1 WHY DOMESTIC VIOLENCE AND CHILDREN?

1.1.1 Domestic violence is a widespread and devastating crime that can have dire consequences for the physical, mental, and emotional health of those involved. Domestic violence is a crime that transcends age, wealth, class, culture, geography, education, and gender.

Most studies of domestic violence prevalence suggest that one in four adult women will experience domestic violence at some point in their lives

1.1.2 Although there are obvious problems with accuracy in the study of a crime such as domestic violence, the statistics that are accurate are shocking:

- Domestic violence accounts for one in 20 incidents reported to the 2000 British Crime Survey²
- Domestic violence accounts for one in four incidents of violence reported to the 2000 British Crime Survey
- Domestic violence represents a tenth of the violent incidents reported by men³
- Domestic violence represents two fifths of the violent incidents reported by women⁴

1.1.3 The above statistics relate to adults, but despite professional consensus that domestic violence and the issue of children is a big concern for society, currently little research information exists that accurately documents children's actual experience of domestic violence. Some findings are:

- that there are children aged 16 or under in half the households where there is domestic violence⁵
- The average number of children per household is two⁶: this means that domestic violence affects the lives of roughly the same number of children as adults within the UK
- In one of three or one of two families where the mother is being abused, at least one child is also being directly abused⁷.
- 66% of all refuge residents in England and Wales are children⁸

² *British Crime Survey 2000 Statistical Bulletin 18/00*, The Home Office, 2000

³ *Ibid.*, 2000

⁴ *Ibid.*, 2000

⁵ Catriona Mirrlees-Black, 1999, *Domestic Violence: findings from a new British Crime Survey self-completion questionnaire* Home Office Research Study 191, The Home Office

⁶ *Social Trends 31*, 2001 Edition www.statistics.gov.uk/products/p5748.asp

⁷ Jaffe, P., Wolfe, D., and Wilson, S.K. 1990, *Children of Battered Women*, Sage Publications, California.

- a study of 314 first, worst and last attacks of violence recalled by victims, found that 58 per cent of the attacks took place in front of the children⁹.
- research based on clinical experience has suggested that if children are in a violent family, 80 per cent of them will witness an episode of wife assault.¹⁰

1.1.4 Children whose parent(s) are abused grow up in an atmosphere of fear, tension, intimidation and confusion. Feelings of fear and vulnerability can cause high levels of anxiety. All children will be affected by domestic violence, but how they are affected will depend on various factors such as: the severity, frequency and nature of the violence; the length of time they've been exposed to such violence; whether they overhear or witness the violence; whether they are themselves directly abused; and the nature of the interventions, if any, from persons/agencies external to the family.

1.1.5 Experiencing, both direct receipt and witnessing/hearing incidences of domestic violence can have severe effects on children and young people. The stress of such experiences can induce symptoms connected to post-traumatic stress disorder. There are also knock-on effects for relationship building in later life, fear of others, intense psychological and physical distress, nervous disorders and physical injury.

Post-Traumatic Stress Disorder (PTSD)

Symptoms resulting from PTSD include:

Recurrent and intrusive distressing recollections of the event
 Recurrent nightmares about the event
 Feeling / acting as if the event were reoccurring
 Distress and reaction to items that trigger memories
 Efforts to avoid people and places that trigger memories associated with the trauma.
 Inability to recall important aspects of the trauma
 Diminished interest in significant activities
 Feeling of detachment and estrangement from others
 Restricted range of thought and emotions
 Sense of shortened future
 Difficulty sleeping
 Irritability and 'shortened fuse' leading to outbursts of anger
 Difficulty concentrating and exaggerated startle response

⁸ Women's Aid Federation of England

⁹ Dobash, R.E. and Dobash, R, 1984, 'The nature and antecedents of violent events', *British Journal of Criminology*, vol.24, no.3, pp.269-88

¹⁰ Sinclair, D, 1985, *Understanding Wife Assault: A Training Manual for Counselors and Advocates*, Ontario Government Bookstore, Canada

- 1.1.6 Domestic violence has gradually gained in prominence on government and local authority agendas, the *Domestic Violence, Crime and Victims Bill* (published in December 2003) aims to “increase the protection, support and rights of victims and witnesses, in line with the ongoing reform of the Criminal Justice System”¹¹. The consultation paper *Safety and Justice*¹² on domestic violence set out proposals under the three key headings of prevention, protection, justice and support.
- 1.1.7 The London Borough of Hillingdon established a Domestic Violence Forum in the mid-1990s, which brings together a wide range of professionals and voluntary workers to discuss and develop measures to tackle domestic violence issues in the borough. The Domestic Violence Working Party and this report seek to add to the current agenda, including the Victoria Climbié Inquiry, by Lord Laming, and to advance both the Council’s and external agencies’, including voluntary sector bodies, approach to addressing domestic violence.

1.2 THE WORKING PARTY

- 1.2.1 The Health and Social Care Overview and Scrutiny Committee identified domestic violence as a key topic for examination during the municipal year 2003/04. Following the White Ribbon Day Conference (05/11/03) organised by the Hillingdon Domestic Violence Forum (DVF), which focussed on the effects domestic violence has on children, the Health and Social Care Overview and Scrutiny Committee decided to continue the focus on children and young people in their examination of the issue, needs, and current service provision.
- 1.2.2 In recognition of the width of the issue and the need for a holistic approach to tackle the problem of domestic violence, the Health and Social Care Overview and Scrutiny Committee established the Domestic Violence Working Party (hereafter referred to as ‘the Working Party’).
- 1.2.3 In response to the need for a holistic approach, the Working Party is a cross-cutting working party, composed of members of three overview and scrutiny committees; three members of the Health and Social Care Overview and Scrutiny Committee (the parent committee of the Working Party), three members of the Education Overview and Scrutiny Committee, and two members of the Housing Overview and Scrutiny Committee.
- 1.2.4 The Chairman and Vice-Chairman are members of the parent Health and Social Care Overview and Scrutiny Committee. The Working Party met formally for the first time on January 20th 2004. A summary of the work programme and meeting dates is included in the appendices.

¹¹ <http://www.homeoffice.gov.uk/crime/domesticviolence/index.html> extracted: 30/03/04.

¹² *Safety and Justice*, 2003, The Home Office, London.

A summary of responses was published in November 2003 and is available from:
<http://www.homeoffice.gov.uk/crime/domesticviolence/publications/index.html>

1.3 TERMS OF REFERENCE

To contribute to the improvement/development of the (available) support and provisions for children who are affected by witnessing domestic violence.

- 1.3.1 The terms of reference for the Working Party were originally suggested in the 'Scoping Review' received and endorsed by the Health and Social Care Overview and Scrutiny on November 10th 2003, and confirmed as the terms of reference by the Co-ordinating Overview and Scrutiny Committee on December 18th 2003.
- 1.3.2 The terms of reference state that the Working Party is to "contribute to the improvement/development of the (available) support and provisions for children who are affected by witnessing domestic violence".
- 1.3.3 The terms of reference also identified key issues, from which the Working Party could select the topic(s) for formal investigation. The original list of key issues was:
- Reporting systems for domestic violence,
 - Effectiveness of inter-agency reporting,
 - Roles of respective agencies (including LBH [in particular social services and education], hospitals, Primary Care Trust, GPs, police service and voluntary sector),
 - Resources,
 - Early intervention and support services (including counselling, mentoring, child psychology etc), and
 - Under-reporting of domestic violence because of the fear of children being taken into care
- 1.3.4 In consideration of the limited time available, the Working Party selected three areas on which to base the work programme, these were;
- early intervention and support services
 - reporting systems for domestic violence,
 - effectiveness of interagency reporting and communication,
- 1.3.5 It was hoped that with this selection of topics, the Working Party could be best placed to produce a timely and in-depth scrutiny review. The selection was based on the following rationale:
- 1.3.6 All three topics are inter-related and cover the initial stages of interface between victims of domestic violence and services/support systems. Systems for early identification need to be supported by efficient and effective reporting systems, so that referrals by services after identification, and self-referrals can be acted upon quickly and effectively. It must be recognised that those victims and survivors of domestic violence who self-refer or are referred by others are already

experiencing emotional trauma and ease of access and assistance at this early stage is essential.

- 1.3.7 When cases of domestic violence are identified or referred to services the communication of information between service departments and partners should be smooth and efficient to ensure consistency of service and that all sections of care provision are aware of the individual's situation, so that care can be provided and tailored to the individual's circumstances and needs.
- 1.3.8 Every case of domestic violence is different, and the individual's subsequent reactions and needs are specific to that individual and the wider circumstances in which they find themselves. This needs to be recognised by service and care providers so that service provision can better address the diverse problems connected with domestic violence and the treatment of victims.
- 1.3.9 By focussing on the identification, reporting and inter-agency communications, it was hoped that the Working Party could examine and address these crucial elements of the support system, to enhance the capacity of borough services and care providers to tackle domestic violence.

2. METHODOLOGY AND RESEARCH

2.0.1. The Working Party identified key personnel working in the services that currently provide care and support for survivors of domestic violence, and those which provide points of referral and entry to the referral and service provision system. The Working Party also received documents of best practice guidance from around Britain, Australia, and the USA, and other informative publications pertinent to service provision and communication procedure.

2.0.2. Those personnel invited were:

- The Head of Children's Services, LBH Social Services department
- The lead Child Protection Officer, LBH Education, Youth and Leisure department
- A Child Development Worker, Refuge
- The Head of Midwifery, Hillingdon Hospital NHS Trust
- A Community Midwife, Hillingdon Hospital NHS Trust
- A victim of domestic violence
- A Domestic Violence Outreach Worker
- A worker of Hillingdon Women's Centre

2.0.3 The Working Party received these attendees and questioned them to illuminate the key issues and topics being examined. The evidence received was very informative and of great assistance to the creation of recommendations.

2.0.4 Upon consideration of the evidence received from the above attendees and from publications and documents received, the Working Party identified several key issues that need to be addressed, and made recommendations so as to tackle these issues, endeavouring to improve the current situation of the identification and referral systems.

3. FINDINGS

- 3.0.1 Those issues that were identified by the Working Party and attendees during the information gathering exercise have been collated below in sections according to their general remit and area of service. Recommendations made by the Working Party are included in this section and are highlighted in text-boxes.
- 3.0.2 The Working Party's recommendations are made from the following platform of interpretation;
- That domestic violence is an abhorrent crime and all possible legal protection should be granted to those who experience it.
 - That witnessing domestic violence is a form of abuse and has potentially very harmful consequences for the viewer.
 - That children and young people are highly susceptible to emotional trauma stemming from experiencing (either directly, or by witnessing) domestic violence.
 - That the pattern of domestic violence can transcend generations; there are numerous cases known to the Working Party where a child victim of domestic violence has become a victim again in later life. This cycle of victimisation is especially cruel and should be countered as fully as possible by early intervention and sustained support.

3.1 TYPES AND DEFINITIONS OF DOMESTIC VIOLENCE

There is a lack of clarity about what domestic violence actually is.

- 3.1.1 Domestic violence is varied and wide-ranging. There are many different forms of domestic violence, from the obvious physical striking of a person, to sexual abuse, emotional abuse and manipulative behaviour, including financial abuse and the constraining of an individual's freedoms. A fuller list of the different types of domestic violence can be found in Appendix 6.
- 3.1.2 There is also variation in the relationship between the perpetrator and the victim(s). The common traditional view was of husband beating the wife and/or children, however there are many cases of mutual domestic violence between partners, women to men, and increasingly recognised violence from children to parents and siblings, to mention just three possibilities. The traditional views of family life need to be by-passed if one is to attain a full understanding of the complex range of domestic violence types, perpetrators, recipients, and circumstances.
- 3.1.3 There are also problems arising from cultural differences and practices; restrictive situations forced on people through forced arranged marriages can create domestic problems. There are also problems stemming from different cultural interpretations of domestic violence. The Working Party seeks to remind all readers of the illegality of abuse,

and that no individual, regardless of cultural heritage should be subject to domestic violence.

- 3.1.4 One problem which currently prevents effective and efficient tackling of domestic violence by local authority services, national bodies, charity organisations, health service bodies, etc. is that, despite all the good intentions, there is a lack of clarity about what domestic violence actually is.
- 3.1.5 The popular understanding of domestic violence has changed over the years, as have the definitions used by organisations to classify such acts of violence. For example, it is now a more commonly accepted fact that the witnessing and/or hearing of incidences of domestic violence are in themselves a form of domestic violence. However, there is still a diverse collection of definitions used by the different agencies and organisations, many of which are not up-to-date, or wholly inclusive of the varied nature of domestic violence. It has come to the Working Party's attention that a unified inclusive definition is needed so that there can be consistency across all agencies, organisations and services that deal with individuals who experience domestic violence.

Recommendation 3.1.a

That a pan-London definition of domestic violence be agreed by all London authorities and those agencies connected with domestic violence. That this definition be adopted by all authorities and agencies to ensure consistency across all of London.

- 3.1.6 The need for quantifiable and tangible evidence before incidences can be addressed can seriously hinder individuals' cries for help and approaches to service providers that should be able to provide support. It should be widely recognised that domestic violence is all too common. Accounts of incidences should be taken seriously by all. For services to become more open and accessible those working in authorities and agencies should be trained to believe and support individuals who claim to experience domestic violence and other forms of abuse.
- 3.1.7 Evidence received by the Working Party and good practice guidance displays the need for all staff who may be a contact point for victims of domestic violence to be properly and sensitively trained: able to recognise the need for sensitivity and support and know to whom the individual needs to be referred. Staff in a range of agencies and local authority sectors need to be trained how to listen to and believe cases of domestic violence and appreciate the stress and emotional trauma that the individual concerned may be experiencing.

Recommendation 3.1.b

That all Hillingdon Borough Council staff who may be contacted by victims of domestic violence receive ongoing awareness training and instruction as to the sensitivity and support needed by all victims.

- 3.1.8 Due to the loss of confidence, which can result from experiencing domestic violence, if an individual affected by domestic violence does not receive support and understanding at the first port of call, the chances are that they will not pursue that avenue of support/service provision again. Such a perceived setback can have devastating effects, considering the potential continuation of the abuse and growing reluctance to try again to address the situation. Feelings of self-blame and guilt which are often experienced by those affected by domestic violence can be heightened when support is not made available, or when the officer contacted is not sensitive to the caller's needs, promoting the feeling of loneliness and social detachment.

3.2 EDUCATION SERVICES

“Children have the right to expect education and leisure services to provide a safe and secure environment”

- Multi-Agency Guidance for Addressing Domestic Violence, The Home Office

- 3.2.1 Teachers and non-teaching school staff are in a key position to help identify cases of domestic violence. Due to the emotional effects that experiencing domestic violence can produce in children and young people, such as self-blame, lack of trust of adults, and fear of the consequences of exposing the incidence(s), the creation of a safe and trustworthy sanctuary is essential for children to approach staff on issues of domestic violence. The emotional consequences domestic violence can produce, and the stigma attached to domestic violence increases individuals' reluctance to come forward and declare incidences and thus is a barrier in itself to the seeking and provision of care and support.
- 3.2.2 The London Domestic Violence Forum stated in its Annual Report 2003 that the “potential impact of domestic violence on educational attainment and behaviour (be recognised) and seek to support children in order to reduce any such problems”¹³. The recommendations made by the Working Party in this section have parallels with other recommendations made by the London Domestic Violence Forum¹⁴, this serves to demonstrate the widespread nature of these issues and

¹³ Annual Report 2003, The London Domestic Violence Forum, p25.

¹⁴ *Ibid.*, p23-24

adds yet greater strength to the recommendations of this Working Party and accuracy of its work.

- 3.2.3 The Working Party was informed of a number of cases, which demonstrate the potentially devastating effects that exposure to domestic violence can have on children and young people. Early identification and intervention is essential to protect children from such potentially harrowing and long-lasting consequences. For identification to occur there needs to be a clear acknowledgement of teachers and non-teaching school staffs role in child protection, all professionals working with children should ideally be aware of the issues surrounding domestic violence, and how domestic violence can effect children.

Consequences of Domestic Violence for Children

Post-Traumatic Stress Disorder
Bedwetting
Sleep disruption and waking nightmares
Introversion & avoidance of others
Very short concentration span
Social detachment & estrangement
Short temper
Increased propensity to violent behaviour
Feelings of helplessness and intense fear

- 3.2.4 Education of children and young people is necessary to highlight the serious nature of domestic violence. Non-reporting of incidences can be linked to the stigma popularly attached to domestic violence; education is one method that can help to tackle the adverse effects of this stigma. Education, discussion and openness are key methods to breaking the taboo and stigma of domestic violence.
- 3.2.5 This education, or awareness promotion should be made available in schools, to attract a larger audience. Government guidance suggests that it should be made available in informal education settings, such as youth clubs¹⁵. Promoting awareness in schools simultaneously makes school a forum for discussion of domestic violence, promoting the options open to children and young people to approach school staff members for help and comfort in times of need.
- 3.2.6 The effects of abuse often manifest themselves in the behaviour of children and young people. Given the aforementioned typical reluctance of those experiencing domestic violence to come forward and actively seek assistance, it is very important for those people working with children to know, and to be able to recognise, the behavioural signs attributed to trauma and connected emotional stress.

¹⁵ *Multi-Agency Guidance for Addressing Domestic Violence*, The Home Office, 2003

3.2.7 It is also necessary for staff to be able to identify the physical signs of abuse. To facilitate this the issue of domestic violence and the staffs' responsibilities to the child must be acknowledged and vigilance be maintained accordingly. The creation of a safe and trustworthy environment is critical for the successful identification of both physical abuse and emotional abuse.

Circular 10/95, 'Protection Children from Abuse:
The Role of the Education Service'

- All staff should be alert to signs of abuse and know to whom they should report any concerns or suspicions
- All schools and colleges should have a designated member of staff responsible for co-ordinating action within the institution and liaising with other agencies, including the Area Child Protection Committee (ACPC)
- All schools and colleges should be aware of the child protection procedures established by the ACPC and, where appropriate, by the local education authority
- All schools and colleges should have procedures (of which all staff should be aware) for handling suspected cases of abuse of pupils or students; including procedures to be followed if a member of staff is accused of abuse
- Staff with designated responsibility for child protection should receive appropriate training.

- *Circular 10/95*, The Department for Education and Skills, 1995

3.2.8 Currently the borough schools do have designated teacher roles and the Education, Youth and Leisure department of Hillingdon Borough Council is pursuing the creation of a designated parent governor role for each school. The designated parent governor role can then take the lead on ensuring the child protection procedures are functioning at a strategic level. The Working Party conveys its support and commends this new post creation. The heads of year in secondary schools often act as links to the designated teacher, which extends the 'safety net'. The Working Party supports this extended version of designated teacher network, but asserts that all teachers should be aware of the signs of domestic violence and aware of the internal referral system and options open to children affected by domestic violence.

Recommendation 3.2.a

All school staffs (teaching and non-teaching) should be well aware of the internal referral system and designated teacher. A survey of school staff should be carried out (and reported back to the Working Party), to identify the current level of awareness.

- 3.2.9 The above recommendation is designed to identify those sections of staff and/or schools in which staff awareness of the internal child protection procedures is lacking so that it can be addressed, and to commend those schools that display high levels of awareness. The survey itself will also serve as an issue-awareness device.
- 3.2.10 The Working Party is concerned that currently, during initial teacher training, the issue of domestic violence and teachers' responsibilities to children is not given enough attention, resulting in a lack of awareness of the potential positions in which teachers may find themselves. The Education, Youth and Leisure department does provide training for teachers and non-teaching staff on the issue of child protection. This training occurs at in-service training days, during staff meetings, and when most convenient for non-teaching staff. The Working Party supports this training provision and commends the work of the Education, Youth and Leisure department, and in particular, Andrea Nixon. The Working Party also acknowledges the openness of many schools to invite Andrea to give such training.
- 3.2.11 The awareness of those working with children is a crucial feature for the provision of support by, and a necessary adjunct for the fulfilment of responsibilities of, teachers, school staffs and youth workers. The Working Party is therefore anxious to ensure that awareness and the appropriate training is provided to all concerned.

Recommendation 3.2.b

That representations are made to the Department of Education and Skills and to teacher training colleges to increase the emphasis given to child protection issues related to domestic violence during initial teacher training.

Recommendation 3.2.c

That posters and leaflets be produced, raising awareness and explaining, in all appropriate languages;
(a) the criminality of domestic violence,
(b) the potential damaging effects of domestic violence,
(c) the outward signs of domestic violence, and
(d) the options open to those experiencing domestic violence,
These information items are to be distributed and displayed in school, college, and other facilities used by children and young people.

- 3.2.12 The issues covered in the above recommendation are designed to address some of the issues that were exposed during the Working Party's information gathering. The Working Party heard that many staff

members were surprised when they were trained to link certain behavioural signs to the possibility of domestic violence. Another issue exposed was that with an increased use of agency staff in schools, a proportion of whom come from overseas, the underlying cultural attitudes of members of staff were varied when it came to regarding domestic violence as a criminal offence. The Working Party is concerned that cultural attitudes may block the appreciation of the illegality of domestic violence.

3.2.13 A study by the Devon Domestic Violence Partnership¹⁶ identifies a lack of confidence in the criminal justice system as a reason for withdrawing a statement. The Working Party believes that victims of domestic violence should be fully aware of the power of the law on this issue and efforts should be made to instil confidence in the system.

3.2.14 Like those experiencing domestic violence, schools should be fully aware of those legal matters pertaining to domestic violence that can affect the school's responsibility to the child and the creation and maintenance of a safe environment for children. The Working Party commends the Education, Youth and Leisure department for encouraging schools to obtain copies of injunctions and court orders between parents and/or children at the school. Schools must be aware of the presence of court orders and therefore assist in protecting children from parents or individuals who have been prohibited from contacting certain children.

Recommendation 3.2.d

That schools and colleges be informed of the presence and details of court orders and injunctions, where relevant, so as to help protect the individuals concerned.

3.2.15 The problems resulting from the stigma attached to domestic violence and the need for awareness and education on this matter to help reduce the stigma and misunderstanding of domestic violence has already been mentioned. Children and young people need to be taught about the prevalence, criminality, and consequences of domestic violence to manifest the need to report incidences, and breakdown the wall of silence, which so often surrounds such cases.

3.2.16 Domestic violence is sometimes covered on the curriculum as part of the non-statutory framework for Personal, Social and Health Education (PSHE), however this often addresses violence in general. The Working Party believes that education of domestic violence is necessary at all levels of schooling. Child victims of domestic violence are not confined to any specific age range, and all children should be

¹⁶ 'Why Victims of Domestic Violence Withdraw Charges Made Against The Perpetrator', Mandeville-Norden, R, & Mewse, A, Devon Domestic Violence Partnership, May 2003

aware of the damaging affects of such violence on their parent(s), sibling(s), friend(s), and themselves. Such education may also serve to help reduce the perpetration of domestic violence in later life.

Recommendation 3.2.e

That schools be strongly encouraged to put domestic violence awareness and teaching of issues on their curriculum. Such teaching should occur at all levels of schooling and delivered at the appropriate level across the age groups.

3.3 HOUSING SERVICES

Social Services and local Housing Departments will both be contacted following 3% of assaults (roughly one each call every 3 minutes, 24 hours a day, 365 days a year)

- Estimate extrapolated from the British Crime Survey as to the likely number of contacts in England and Wales alone

- 3.3.1 The provision of emergency housing and sheltered accommodation is essential as a stopgap to enable victims of domestic violence to escape from the abusive relationship. The Working Party praises the work of women's shelters and refuges. The Working Party is concerned that housing options in the past have been supplied to survivors of domestic violence that have not been appropriate for such a client group. The Working Party received evidence that showed that a survivor of severe domestic violence was given inappropriate accommodation, which was described as "more like a prison" than a home and was not single-sex. This experience was very harrowing for the individual concerned. To prevent such occurrences happening again the Working Party recommends the following:

Recommendation 3.3.a

That housing options supplied to survivors of domestic violence are safe, anonymous, and respectful of the individual's/family's needs.

- 3.3.2 Such a problem has also been raised by the London Domestic Violence Forum, which recommends local authorities "ensure that policy and practice enable women experiencing domestic violence, including women without children, to make choices about their housing"¹⁷. Other

¹⁷ *Annual Report 2003*, The London Domestic Violence Forum, p15.

recommendations on this issue include: “to improve the quality of temporary accommodation to include play provision for children, outreach services and adequately security measures”¹⁸.

3.3.3 The reader is reminded of the earlier recommendation pertaining to awareness and sensitivity training (“*That all Hillingdon Borough Council staff who may be contacted by victims of domestic violence receive ongoing awareness training and instruction as to the sensitivity and support needed by all victims*” – page 9). The Working Party also recommends that ongoing training of staff on domestic violence is to be updated on a regular basis.

Recommendation 3.3.b

That ongoing training of staff on domestic violence to be updated on a regular basis

3.3.4 These recommendations are aimed at improving the handling of information concerning those affected by domestic violence and the sensitivity of individuals in contact with, and services supplied to this special client group. Special attention must be given to children and young people within this client group for a number of reasons, including

- The potential negative affects on the child’s mental and emotional well-being
- When children are protected and are considered safe by the parent, a tremendous load is lifted off the parent’s mind, enabling them to seek the help and support they need for themselves.
- Children may not have a full understanding of the circumstances and reasons for the disruptions to their life. Being in unfamiliar places can be particularly harrowing and produce great anxiety in children and young people

3.3.5 Currently the Housing department is undertaking an internal review of its service provision for those affected by domestic violence. The Working Party welcomes this review, and the bid made by the Housing department to the Office of the Deputy Prime Minister for funding for a domestic violence co-ordinator post.

¹⁸ *Ibid.* p17

3.4 HEALTHCARE PROVIDERS AND THE NHS

After 1 incidence in 10 the victim will get in touch with a nurse or a doctor (roughly one call a minute)

- Estimate extrapolated from the British Crime Survey as to the likely number of contacts in England and Wales alone

3.4.1 The prevalence of domestic violence (see pages 1-2) means that it is a wider public health issue than it is often acknowledged as. Although not all cases of domestic violence result in physical injury, the effects on the mental health of individuals and families are of concern to healthcare providers in the borough. The mental and emotional trauma sustained by children through domestic violence will last a lifetime, and therefore the trauma needs to be recognised and the child supported.

3.4.2 As with the staff in the education system and within the borough council, the Working Party recommends that awareness and identification training be provided to all healthcare workers. In addition to the recent Health and Crime Audit undertaken by the PCT, the Working Party welcomes actions to address the concerns shown on page 18 of that report;

- (1) There is a domestic violence policy for Hillingdon. Only one participant said they had read it. Not enough members of staff are trained on the domestic violence policy
- (2) Women were not asked as a matter of course if they are victims of domestic violence when they present an injury to the NHS
- (3) Information on domestic violence is not available in all NHS buildings or GP surgeries
- (4) GPs do not attend the Domestic Violence Forum. GPs are unaware of the services that are available to victims of domestic violence.

3.4.3 In addition, the poster and leaflet campaign mentioned earlier should include healthcare facilities.

Recommendation 3.4.a

That following Hillingdon PCT's Health & Crime Audit, actions be initiated and continued to address concerns 1, 2, 3, and 4 of the 'Concerns raised in audit' (p18 of the Health & Crime Audit Report) .

Recommendation 3.4.b

That awareness and identification training is provided to healthcare staff, as appropriate from the audit of said training and awareness levels (mentioned above).

Recommendation 3.4.c

That posters and leaflets be produced, raising awareness and explaining, in all appropriate languages;

(a) the criminality of domestic violence,

(b) the potential damaging effects of domestic violence,

(c) the outward signs of domestic violence, and

(d) the options open to those experiencing domestic violence.

These information items are to be distributed and displayed in all healthcare facilities used by children and young people

3.4.3 Pregnancy is a period in which many ongoing patterns of domestic violence originate. This can be initiated by, amongst other things, strong feelings of jealousy in the partner. Domestic violence at this stage can be potentially catastrophic for the unborn child and emotionally harrowing for the mother during a particularly vulnerable period. The Working Party received evidence on what is being, and what can be done, to address this issue from the Head of Midwifery at Hillingdon Hospital NHS Trust, and a Community Midwife who is an expert in domestic violence during pregnancy.

3.4.4 The signs of domestic violence often manifest themselves differently in pregnancy, with physical injuries more often concentrated on the torso and stomach areas. Regarding the early identification of cases of domestic violence during pregnancy the Working Party recommends that information detailing the specific nature and consequences of domestic violence during pregnancy be produced and disseminated to all midwives and healthcare staff who provide care for women during pregnancy. To facilitate this and raise awareness further, the Working Party recommends that the current training on domestic violence be extended.

Recommendation 3.4.d

That a leaflet or similar document be produced and disseminated to all healthcare staffs, outlining the signs of domestic violence during pregnancy, and informing the reader of the referral and care options available.

Recommendation 3.4.e

That further in-service training be organised for midwives, and all healthcare workers who deal with pregnant women. Such training must be audited to ascertain how successful the uptake and results of the training are.

- 3.4.5 The current training has been provided in accordance with guidelines from the National Institute of Clinical Excellence (NICE). So far these training days have been successful, although an extension of this training is necessary to reach a wider range of healthcare staff. Healthcare staff need to understand domestic violence in general and in relation to pregnancy and children, be they born or unborn. The Working Party commends the work of Lesley Tilson, a Community Midwife who has worked tirelessly on this issue and has provided training to date. The Working Party would like to see such training extended not only in the borough but also rolled out across London. Domestic violence is not bounded borough by borough; consistency of care and healthcare staff skills should be pursued everywhere as a matter of good practice.
- 3.4.6 This training needs to be audited to assess the uptake and attendee evaluation of the training, so as to provide recorded evidence for the creation of good practice material to disseminate to other boroughs, with the aim of increasing the spread of such training provision.

Recommendation 3.4.f

That central government and Greater London Authority (London Domestic Violence Forum) be lobbied to the cause of extending training for healthcare workers on domestic violence during pregnancy across London, in accordance with National Institute of Clinical Excellence recommendations and the example of good practice seen already in the Borough of Hillingdon.

- 3.4.7 Education and awareness of the issue and the potential effects on the child should not be limited to those who provide care and support. Information should be available to alert women affected by domestic violence to the potential dangers such actions can have on their unborn child. It is hoped that increased awareness of the dangers will spur women to report cases of domestic violence earlier, thus reducing the chances of serious harm to themselves and the child, and increasing the chances of a successful remedy of the situation.

Recommendation 3.4.g

That a leaflet or similar information source be produced and made available to pregnant women explaining the potential harm that domestic violence can exert on the unborn child. Information pertaining to the care and support available to victims of domestic violence should also be included.

- 3.4.8 Midwives develop a special relationship with pregnant women in their care and have a duty to provide care and support to their patients. In light of the high level of domestic violence known to occur during pregnancy, and the propensity for domestic violence actions to originate at this time, the Working Party is keen to help ensure that midwives are made aware of the occurrence of domestic violence and the women are aware of the care and support networks open to them. A recurrent theme exposed during the information-gathering period was the barrier presented by social stigma attached to domestic violence and the perceived victim status that can accompany such violence.
- 3.4.9 To facilitate the level of care and support that midwives can give, and to help remove the wall of silence that is party to the maintenance of the stigma connected with domestic violence, the Working Party recommends that midwives (a) arrange a confidential one-to-one meeting with all their patients during pregnancy, and (b) that during this one-to-one meeting, the midwife asks a list of set questions, as a matter of routine, to all patients. These questions are to inquire as to the occurrence or possibility of domestic violence in the relationship, and to reassure the patient of the options open should incidences of domestic violence occur.
- 3.4.10 The Working Party is aware that some women might not appreciate being asked questions of this nature, however the Working Party regards that routine questions on this issue are a necessity to help identify domestic violence and extend the protection to mother and child. It is hoped that all mothers-to-be will appreciate the reasons for such questions being routine. Raising the issue of domestic violence will also serve to raise awareness of the prevalence and help diminish the stigma presently associated with domestic violence.

Recommendation 3.4.h

That all pregnant women be offered a private, one-on-one meeting between them and the midwife. This meeting is to take place in complete confidence, in a soundproof and fully enclosed room. Such a room should be made available in the appropriate healthcare facilities.

Recommendation 3.4.i

That set questions become a compulsory routine to be asked by midwives of all pregnant women to help identify cases of domestic violence. These questions must be asked when the woman attends a private meeting between the midwife and the pregnant woman.

3.4.11 Currently Lesley Tilson, a Community Midwife, is providing an advisory role to midwives and healthcare workers concerned about patients known to be, or suspected of being subjected to domestic violence. The Working Party commends Lesley for fulfilling this role and recommends that a new official post be created to satisfy the need for a liaison and advisory worker to assist midwives and other healthcare workers who have concerns pertaining to domestic violence. Domestic violence is a complex phenomenon and a great deal of knowledge is required to be able to fully recognise the signs of domestic violence, advise others, and address the physical, mental, and emotional traumas that can result. This requires a full-time, designated post, rather than having such responsibilities being covered by individuals with other full-time commitments.

Recommendation 3.4.j

That a designated 'domestic violence liaison midwife' post be created to handle domestic violence cases during pregnancy and be a source of advice and information for midwives and other healthcare workers concerned about the occurrence of domestic violence on individuals in their care

3.4.12 The fact that midwives develop a special relationship with patients (and are privy to identify the signs of domestic violence) means that they can provide important information to other agencies regarding the experiences of an individual, and the care required. They can also provide physical and anecdotal evidence of cases. This accessibility to information should be acknowledged by other agencies, and where appropriate midwives should be invited to participate in domestic violence or child protection case conferences. Currently midwives are cut out of the loop after four weeks after the birth of the child (when the patient and child are transferred away from midwifery services). The Working Party recommends that in cases concerning infants and when domestic violence or other forms of abuse are known or suspected to have occurred during pregnancy, the individual's midwife be contacted to permit information sharing to improve the knowledge base for the case conference.

Recommendation 3.4.k

That, when dealing with infants or cases in which it is known or suspected that abuse occurred during pregnancy, midwives be consulted by Social Services, the Police, and the Local Education Authority, when and where appropriate, regarding information of the occurrence of domestic violence at child protection case conferences.

3.5 SOCIAL SERVICES, COMMUNITY SAFETY TEAM, AND THE POLICE

Social Services and local Housing Departments will both be contacted following 3% of assaults (roughly one each call every 3 minutes, 24 hours a day, 365 days a year)

1 in 8 domestic assaults will come to police attention (slightly more than one call a minute)

- Estimates extrapolated from the British Crime Survey 2000 as to the likely number of contacts (in England and Wales alone)

- 3.5.1 The Working Party received a wealth of evidence from and concerning the service provision by the London Borough of Hillingdon Social Services department and the Community Safety Team (CST). The Working Party highly commends the work of Mrs Carole Malone, the Domestic Violence Outreach Worker of the CST. All attendees who participated in this work programme praised Carole's hard work and selfless dedication to helping victims and survivors of domestic violence.
- 3.5.2 Information sharing is a crucial element to the provision of consistent and responsive care and support. Efficient and effective information sharing systems must operate not only between agencies and organisations within the borough of Hillingdon, but also between boroughs across London and beyond. The most serious cases of service failing have resulted from a lack of information sharing, for example; the Victoria Climbié case. The opinion stated by the Head of Children's Services during the information-gathering period is that "it is something we (social services in general) can never do well enough". The fact that child registration with social services is dependent upon the individuals concerned voluntarily approaching social services is of great concern for the Working Party.
- 3.5.3 The Working Party recommends that a review be undertaken to ensure that all relevant sections of the London Borough of Hillingdon Social Services' information sharing is operating in accordance with guidance from the London Child Protection Committee, and that all relevant

agencies (statutory and voluntary) are included in an updated information-sharing protocol, which stipulates the timing and type of information to be shared. The Working Party would like to see the Joint Protocol for the Exchange of Information Under Section 115, The Crime and Disorder Act 1998, to be updated and recommitted to by all agencies concerned.

- 3.5.4 The Working Party also received evidence stating that information of a confidential nature had been given to a member of the public, causing great anxiety and fear for the individual concerned. The Working Party is particularly concerned about any such incidence and strongly recommends that all staff be reminded of the laws and regulations concerning the provision of information and the need for strict confidentiality in all other cases. The London Domestic Violence Forum echoed these sentiments in their recommendation that “local authorities (should) adopt a corporate domestic violence policy based on the principles of believing the women, ensuring her safety, confidentiality and anti-discriminatory practice”¹⁹

Recommendation 3.5.a

That information-sharing procedures between agencies and boroughs are reviewed to ensure they comply with the standards set by the London Child Protection Committee.

Recommendation 3.5.b

That an up-to-date communication and information-sharing protocol be established, detailing the methods and procedures for the sharing and provision of information to all other agencies on matters of domestic violence and child protection.

Recommendation 3.5.c

That all staff be strongly reminded of the regulations governing the distribution of information and the need for the confidentiality of sensitive information to be maintained at all times.

- 3.5.5 The Working Party is concerned about the ‘bad press’ and the negative reaction felt by many to the Social Services department. Public perception of Social Services can be that if cases of domestic violence are exposed, the children may be taken away from the affected parent

¹⁹ *Annual Report 2003*, The London Domestic Violence Forum, p17

and into care. This perception is fuelled by emotional effects of suffering domestic violence, such as loss of confidence and self-blame, initiating feelings of being (a) a bad parent and (b) unable to provide the necessary care and protection for the child(ren).

3.5.6 This perception is mistaken, however, such bad press, urban myths, and anecdotal word of mouth is believed by many. Due to the potentially fragile state of mind of domestic violence victims, these 'worse scenario' accounts can be focussed on, and the slightest chance of one's child being taken into care can become a major barrier to approaching Social Services. The Working Party is disappointed that this perception persists because an accessible and efficient Social Services department can offer a lot to people in times of crisis and to those who need support to overcome the difficulties that accompany domestic violence. Accessibility and approachability are crucial precursors to service provision, if a service is not seen as approachable, or accessible then the first barrier to seeking help is not breached. The emotional stresses connected with domestic violence can be preventative barriers in themselves. Every effort must be made to make Social Services and other Council departments as accessible as possible to this vulnerable social group.

3.5.7 The Working Party therefore recommends that efforts be made to correct the 'bad press' and negative perceptions by engaging with those groups who may require assistance, but are reluctant to approach services at the present time.

Recommendation 3.5.d

That efforts be made to correct the 'bad press' and negative images of Social Services. Such efforts should include:

- ***Engaging women's groups and young-mums groups.***
- ***Distributing clear information about the services and associated policies of care available in all appropriate languages.***
- ***Countering the fear and impression that children will be taken away from the parent should domestic violence cases be exposed.***
- ***Promoting the assistance social services can provide, to counter the perception of parent substitution. Services should be seen as enabling and empowering, rather than as taking place of.***

3.5.8 To reinforce the accessibility of Social Services, and in recognition of the potential emotional fragility of those experiencing domestic violence, especially young people, the reader is reminded of the earlier recommendation "*That all Hillingdon Borough Council staff who may be contacted by victims of domestic violence receive ongoing awareness*

training and instruction as to the sensitivity and support needed by all victims" (page **) applies to all Council departments.

- 3.5.9 To promote earlier self-referral and approach to services by those experiencing domestic violence, educative measures are necessary to help raise awareness amongst all sections of society of the dangers that can result from continued suffering in silence. In conjunction with the earlier recommendation regarding the promotion of awareness and coverage of domestic violence issues in the classroom (see page **) and the above recommendation regarding the 're-packaging' and advertising of Social Services, the Working Party recommends that an awareness campaign be launched, highlighting the effects of inter-parent domestic violence on children. Through exposure of the potential consequences on children, it is hoped that domestic violence will be seen as the very damaging crime that it is – a perception that should result in earlier referral and increase the chances of preventing persistent child abuse.

Recommendation 3.5.e

That a poster / leaflet campaign be launched by the Community Safety Team, Police, and NHS highlighting the effects of inter-parent domestic violence on children and young people.

- 3.5.10 To measure the effectiveness of all educative and awareness raising campaigns included in this report, it shall be necessary to undertake an on-going record of referrals and collect relevant data to ascertain whether referrals and approaches to service providers have been influenced by such campaigns. This information should be fed back to the Working Party's parent committee and the Domestic Violence Forum, and can then be used to inform examples of good practice.
- 3.5.11 These reactive measures need to be complemented by a more proactive approach, of having a greater presence in the community and the ability to seek contact with victims and groups in which individuals may be experiencing domestic violence in silence. Addressing domestic violence must be a priority in itself, all groups coming under the protective umbrella of available services, rather than focussing on certain sections of society. However, it is acknowledged that the current systems can at times favour approach from some sections of the community over others. For example non-English speaking groups sometimes find approaching and accessing services difficult. There are also instances of cultural barriers preventing individuals from approaching services or speaking out against acts of domestic violence, and a non-appreciation of the criminality of such acts.

3.5.12 To address these issues, and in recognition of the level of demand for outreach worker services, the Working Party recommends that another Domestic Violence Outreach Worker post be created. The Working Party received evidence from voluntary sector groups and from statutory agencies, which presents a strong argument for the creation of this new post. The benefits of this post is the detachment from Social Services and from the Police, connection to either can be a deterrent, given the current perceptions held by some members of the community. The level of work undertaken currently by the lone Domestic Violence Outreach Worker shows an undoubted need for greater provision in this area. The praise given to the work of Carole Malone displays the respect and appreciation of this role and the support such a position can provide.

Recommendation 3.5.f

That another Domestic Violence Outreach Worker post be created to help deal with the level of demand and provide sufficient support to this client group.

3.5.13 The above recommendation serves to develop the outreach and support services, which can then issue referrals and guide victims of domestic violence through the services available. Once cases of domestic violence and abuse have been reported, the treatment and provision of care and support is required.

3.5.14 The need to 'strengthen' the child and enable the survivors of domestic violence to come to terms with their experiences and traumas were recurrent issues throughout the work programme. While physical injuries can be treated in a relatively straightforward manner, the mental and emotional trauma that can result from abuse can be long lasting and severely debilitating. Accounts of the effects of abuse on children show that early intervention and treatment is essential to prevent children and young people from starting on a downward spiral of persistent mental illnesses, including depression and post-traumatic stress disorder.

3.5.15 Evidence from those front line workers who deal with and care for victims of domestic violence on a daily basis shows that there is a real need for counselling and psychiatric help to be available for children and young victims of domestic violence to access. Currently some support for young people who have experienced domestic violence is provided by Refuge, funded by the Children's Fund. The support provided by Refuge covers one hour per day per child, one-to-one with a Child Development Worker. No other care support or counselling services are provided. The deterioration of the mental health of children in the refuge is dramatic. Counselling must be provided to help Refuge address the mental and emotional health of children affected by

domestic violence. Without such provision, the hard work of the Child Development Worker will be merely to fight a losing battle.

- 3.5.16 A survey of the counselling services available in the area was undertaken by the Domestic Violence Forum (see Appendix **). This list shows an absence of available counselling for children and young people. Counselling and psychiatric support services need to be available alongside the efforts of Refuge, but also continued when families and children are re-housed and move out of the refuge.

Recommendation 3.5.g

That counselling services are made available at the earliest stage to enable children and young people to address the traumas experienced, and is continued for as long as it is needed.

- 3.5.17 The need for counselling provision has also been recognised by the London Domestic Violence Forum, whose Annual Report 2003 included the recommendations to “explore the potential for providing specialist support groups for children affected by domestic violence” and “develop systems of support for those children and young people identified as currently living in a violent home and/or teenagers involved in violent relationships of their own”²⁰.

- 3.5.18 The provision of care and support is made more problematic by the nation-wide difficulties facing the recruitment and retention of Approved Social Workers and suitably qualified care assistants. The Working Party appreciates that Hillingdon Council Social Services have made efforts to address this widespread situation and issues a reminder to the Council of the continuing presence of this situation and the need to continue to promote remedies, so as to improve the overall quality of care and support across Social Services to all client groups, not just those experiencing domestic violence.

Recommendation 3.5.h

That the Council be reminded on a regular basis of the recruitment and retention difficulties regarding trained social workers and case workers, and that efforts be made to address this issue.

- 3.5.19 Finding qualified personnel with a suitable skills base to work with children and young people affected by domestic violence should continue to be a top priority for Social Services. The Working Party urges the Council to provide sufficient support to the Social Services directorate in this cause.

²⁰ Annual Report 2003, The London Domestic Violence Forum, p19

3.6 OTHER ORGANISATIONS

- 3.6.1 The Working Party recognises the work and efforts of other organisations that are aimed at tackling domestic violence and giving support to children and young people. The need for a holistic and consistent care support network is reiterated at this point. The Working Party supports the good work of the Domestic Violence Forum in this aim, and reminds the Forum of the need to continue to share information about effective measures, examples of good practice, and the need to continue to work together to actively engage the issue and effects of domestic violence.
- 3.6.2 Throughout this work programme, the Working Party has worked with voluntary sector partners and heard about the valuable contribution currently provided by the voluntary sector and community groups. Such groups, at both the local and national levels can provide a great range of diverse services for those affected by domestic violence in all communities, and can aid the accessibility to services for those subjected to domestic violence. Co-ordinated service provision between statutory and voluntary sector organisations is necessary to provide a holistic approach to the issue of domestic violence.

4. ACKNOWLEDGEMENTS

4.0.1 The Working Party sincerely thanks all those who participated in this work programme, especially those would attended voluntarily to share their experiences of working with victims of domestic violence.

4.0.2 Thanks to:

- Cathy Bambrough
- Andrea Nixon
- Tracey Johnson
- Carole Malone
- Sally Dauncey
- Lesley Tilson
- Elayne Carpenter

4.0.3 The Working Party issues a special vote of thanks and debt of gratitude to the victim of domestic violence who voluntarily recounted their experiences and helped the Working Party to gain an insight into the feelings and emotional traumas resulting from domestic violence, and helped to identify areas of service provision that have been failing in the past. The bravery shown by this individual is appreciated immensely.

4.0.4 The Working Party acknowledges the honesty and dedication of senior officers in the Social Services and Education, Youth and Leisure departments at the London Borough of Hillingdon.

4.0.5 Also acknowledged is the hard and caring work undertaken by healthcare workers, social workers, caseworkers, and all other sections of service provision who help those in need on a daily basis.

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APPENDIX 1 – INITIAL ‘SCOPING REVIEW’ REPORT

SCOPING REVIEW ON ‘CHILDREN OF DOMESTIC VIOLENCE VICTIMS’ – PROJECT

Contact officers: David Brough / Teresa Chiappinelli
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SUMMARY

This note summarises the key issues the Committee needs to address as part of their review

RECOMMENDATION

- (1) That the Committee confirms the issues it wishes to examine and the timetable for this review.
- (2) That the Committee decides on the witnesses it wishes to invite to give evidence
- (3) That the Committee considers whether to hold an additional meeting(s) to meet witnesses.

INFORMATION

1. Topic and key issues to address

To contribute to the improvement/development of the (available) support and provisions for children who are affected by witnessing domestic violence.

Key issues will include:

- Reporting systems for domestic violence;
- Effectiveness of inter-agency reporting;
- Roles of respective agencies (including LBH (in particular social services and education), hospitals, Primary Care Trust, GPs, police service and voluntary sector);
- Resources;
- Early intervention and support services (including counselling, mentoring, child psychology etc); and
- Under-reporting of domestic violence because of the fear of children being taken into care.

2. Background Information

- Current service provisions by statutory and voluntary agencies.
- Best practice of inter-agency working.
- The London Domestic Violence Strategy: Greater London Authority
- The Green Paper: Every Child Matters
- Procedures of relevant agencies
- Health and Crime (NHS Community Safety Audit) Project
- Literature review
- Statistical Data:

- Community Safety Unit (CSU), Hillingdon Borough Police.
- Children & Families Team (data on children admitted to care because of domestic violence).
- Annual report of the CSU Domestic Violence Outreach Worker.

3. Who is the review for?

Domestic violence is an abhorrent crime and it has serious effects on children. A review of the provisions available to children who witness domestic violence will assist the London Borough Of Hillingdon and its partner agencies in ensuring adequate services are provided.

4. Desired Outcome

The identification of measures and mechanisms that help to support the children of domestic violence victims.

5. Report Outputs:

Recommendations to the London Borough Of Hillingdon, Primary Care Trust and other health services, schools and police to include:

- Awareness of professionals about the issues of domestic violence and children;
- Public awareness campaign of the effects on children of witnessing domestic violence;
- Systematic training of staff (including non-permanent staff) to recognise domestic violence and be able to refer cases between relevant agencies; and
- Improvements in service provision for children of domestic violence victims.

6. Timetable

<u>Indicative Date</u>	<u>Outcome</u>
10 November 2003	Agree scoping report.
10 November 2003	Identify witnesses to attend future meetings.
January 2004	Evaluation of the background information (including the literature review and presentation of available data).
24 February 2004	Receive evidence.
24 February 2004	Receive evidence.
16 March 2004	Receive evidence.
15 April 2004	Agree priorities for action.
May 2004	Approve final report.

7. How the study will be conducted

1. Presentation of local data.
2. Review of best practice.
3. Invitation of expert witnesses.

APPENDIX 2: TERMS OF REFERENCE

This Working Party is formed under the parentage of the Health and Social Care Overview and Scrutiny Committee.

The terms of reference for this Working Party as originally suggested in the Scoping Review welcomed by the Health and Social Care Overview and Scrutiny on November 10th 2003 and confirmed by the Co-ordinating Overview and Scrutiny Committee on December 18th 2003 are:

“To contribute to the improvement/development of the (available) support and provisions for children who are affected by witnessing domestic violence”.

Key issues will include:

- Reporting systems for domestic violence;
- Effectiveness of inter-agency reporting;
- Roles of respective agencies (including LBH [in particular social services and education], hospitals, Primary Care Trust, GPs, police service and voluntary sector);
- Resources;
- Early intervention and support services (including counselling, mentoring, child psychology etc); and
- Under-reporting of domestic violence because of the fear of children being taken into care.”

The Working Party is to issue a draft report back to the Health & Social Care OSC in time for the Health & Social Care OSC's meeting on April 15th 2004 and submit a final report in May 2004 (exact date yet to be set).

Before these dates the Working Party is to receive evidence both in writing and oral concerning the above Key Issues. Invitees to attend and give evidence to the Working Party should include:

- Survivors of domestic violence
- Local professionals who work with young victims of domestic violence
- Representatives from national organisations

APPENDIX 3 – THE WORKING PARTY’S WORK PROGRAMME

Date	Agenda Items	Comments
20 / 01 / 04	Terms of Reference Work Programme Information Items - service provision - best practice reports	
24 / 02 / 04	Attendees: <ul style="list-style-type: none"> • Head of Children’s Services • Hillingdon Women’s Centre representative Information Items - responsibilities in education - Children’s Act 1989	
26 / 02 / 04	Attendees: <ul style="list-style-type: none"> • Head of Midwifery, Hillingdon Hospital Trust, • Community Midwife, Hillingdon Hospital Trust • Domestic Violence Outreach Worker 	
09 / 03 / 04	Attendee: <ul style="list-style-type: none"> • Victim of domestic violence 	
19 / 03 / 04	Attendee: <ul style="list-style-type: none"> • Child Protection Officer (EYL) • Child Development Worker (Refuge) 	
08 / 04 / 04	Receive draft report	

APPENDIX 4 – COUNSELLING SERVICES CURRENTLY AVAILABLE

Courtesy of Shirley Simpson – Hillingdon Domestic Violence Forum.

COUNSELLING SERVICES

WOMEN ONLY SERVICES

HILLINGDON WOMEN'S CENTRE

(Low cost counselling service)

333 Long Lane
Hillingdon
UB10 9JU
Tel. 01895 259578

WOMENS COUNSELLING SERVICE

(Free service to women who have suffered Rape or Domestic Violence)
Feltham

Tel. 0845 1232325 (To book appointments)
Helpline Tel. 0845 1232324 (Monday evenings until 11pm)

WOMENS AND GIRLS NETWORK

(Free service to women who have suffered Rape or Domestic Violence)
Shepherds Bush

Tel. 0207 610 4678

WOMEN TO WOMEN

(Free service)

74 The Greenway
Colindale NW9
Tel. 0208 931 2625

GENERAL COUNSELLING AGENCIES

COMMUNICARE

(Means tested)

Christchurch
Redford Way

Uxbridge
Tel. 01895 256056

METANOIA

(£5 for day sessions and £10 for evening sessions
call between 9am and 1pm Monday to Friday for appointments)

13 North Common Road
Ealing W5 Q13
Tel. 0208 567 0713

OPEN DOOR

(Low cost counselling service, assessments and appointments can be made
at short notice)

1-3 Hanworth Road
Feltham
Tel. 0208 890 8069

YOUTH COUNSELLING

LINK

(Free service for young people between the ages of 11 and 25)

1st Floor, Fountains Mill
81 High Street
Uxbridge
Tel. 01895 238884

HOUNSLOW YOUTH COUNSELLING

(Free service for young people resident in the borough of Hounslow and those
who study or work in the area)

78 St Johns Road
TW7
Tel. 0208 568 1818

COUPLES OR FAMILY COUNSELLING

RELATE

(Specialist couples counselling with various sites all over neighbouring
boroughs)

Call main office for appointments and information

Civic Centre complex

Harrow
HA1 2XH
Tel. 0208 427 8694

SPECIALIST COUNSELLING SERVICES

EACH

(Free service for those with Alcohol and Drug abuse problems and their family and friends. In the process of setting up counselling services across 3 boroughs for women who have experienced Domestic Violence.

4 Hanworth Road
Hounslow
TW3 1UA
Tel. 0208 577 6059
0208 814 2881

HAGAM

(Free service for those with Alcohol and Drug abuse problems and their family and friends)

Old Bank House
64 High Street
Uxbridge
Tel. 01895 207788

HILLINGDON MIND

(Free service for local people on low income experiencing mental health or emotional difficulties)

Aston House
Redford Way
Uxbridge
UB8 1SZ
Tel. 01895 271559

COUNSELLING SERVICES FOR CARERS

(free, covers all issues, including DV)

Hillingdon Carers
126 High Street
Uxbridge, UB8 1JT
Tel: 01895 811206

VICTIM SUPPORT HILLINGDON (VOLUNTARY ORGANISATION)

Outreach Service

3 Beasleys Yard
High Street
Uxbridge

Tuesdays 10.00am – 2.00pm: Victim Support Office, Beasleys Yard, Uxbridge
Thursdays 10.00am – 2.00pm: Hillingdon Race Equality Council, 18-20 East
Avenue, Hayes, Middlesex, UB3 2HP

(Open to all victims of crime and DV victims can just turn up)

APPENDIX 5 – EXTRACT FROM HILLINGDON PCT'S 'HEALTH & CRIME (NHS COMMUNITY SAFETY AUDIT) PROJECT 2003

2. Domestic Violence

2.1 The literature showed that a domestic violence Policy is essential to the efficient running of a domestic violence programme. It is important that frontline staff know and understand the policy so they can offer immediate assistance to victims. If some staff members don't know the procedure there should be someone on hand on who can deal with the victim concerned. It is also recommended by some experts that women be asked as a matter of course if they are victims of domestic violence and that information is made freely available in all buildings relating to health about domestic violence

Findings

2.2 The Majority of participants who have experience in dealing with domestic violence issues said that there was a domestic violence policy for Hillingdon. Only one said that they have read it.

2.3 Training is given to staff on the domestic violence policy most participants said that there were not enough members of staff trained on the policy.

2.4 There is a specialist member of staff available to other members of staff in the A&E department of Hillingdon hospital who is an expert in the field of domestic violence.

2.5 Women are not asked as a matter of course if they are victims of domestic violence when they present an injury to NHS services.

2.6 Information on domestic violence is available in most NHS buildings but not in all including some General Practice surgeries.

Participants Comments On Domestic Violence

2.7 All participants chosen because of their expertise in domestic violence who deal with domestic violence on a daily basis were critical of GP's. All pointed out that GP's did not attend the Domestic Violence Forum. According to participants GP's will come across victims of domestic violence but will be unaware of the service that are available to victims.

2.8 Participants complained of poor facilities. One participant pointed out that there was no private meeting room in the building where they worked and explained that this facility was essential in helping victims of domestic violence to come forward and explain their situation.

2.9 All participants who were chosen for their expertise in this theme addressed the issue of communication between agencies without any prompting. Two participants said that the voluntary sector was not well linked to other agencies regarding domestic violence. This feeling was experienced by those in the voluntary sector and within agencies in the NHS. Others claimed that information was not filtered down to social workers and thought that information seemed to get trapped at managerial level. All participants recognised that training was administered to staff but many questioned the dissemination that is supposed to occur after a member of staff had been trained. The clearest comment made concerning this issue was that, 'in many cases junior members of staff are sent on courses because a lead members of staff cannot be spared because of a heavy workload. The junior member of staff may not have the confidence, expertise or skills to transfer that information to more senior members of staff.

2.10 All participants knew of the Community Safety Partnership. All Participants were enthusiastic about the Partnership but most were unable to see how it could help resolve issues of Domestic Violence.

2.11 All relevant participants chosen for their knowledge of domestic violence were positive with regard to the Domestic Violence Forum. All participants claimed that it was a useful and informative source of information and help. Leaflets, advertising campaigns and information packs were shown as examples of the work that has been carried out within the forum. All Participants talked enthusiastically of the sharing of ideas and of the positive thinking that evolves at the yearly conference.

Domestic Violence

Concerns raised in audit	Brainstorming/Ideas	Lead Agency/ Person	Progress	Target Date
1. There is a domestic violence policy for Hillingdon. Only one participant said that they had read it (2.2). Not enough members of staff are trained on the domestic violence policy(2.3).	Make domestic violence trainers aware of this and ask that they bring the policy to the attention of the trainees. Ask trainers to include the policy in their training agenda.	DV Forum		April 2004
2. Women were not asked as a matter of course if they are victims of domestic violence when they present an injury to the NHS (2.5).	Raise issue for discussion with DV Forum. DV Forum to write to PCT with recommendations about routine screening.	DV Forum		April 2004
3. Information on domestic violence is not available in all NHS building or GP surgeries (2.6).	Domestic Violence Forum to distribute their material to all health buildings (including hospital, mental health, dental surgeries etc). Use the PCT for distribution.	DV Forum		On-going
4. GPs do not attend the Domestic Violence Forum (2.7). GPs unaware of the services that are available to victims of domestic violence (2.7).	a) Domestic Violence Forum to write to the PEC (Professional Executive Committee) outlining the importance of the forum in tackling domestic violence and ask that some GP representative attend. b) Domestic Violence Forum to invite GPs to annual White Ribbon Day.	DV Forum		April 2004
5. Poor facilities in places of work for dealing with victims of domestic violence (2.8).	Most partners' buildings have adequate facilities.	LBH - Housing	A new housing reception area in the Civic Centre is planned for March 2004.	April 2004
6. Information is not filtered down to social workers and seems to get trapped at managerial level (2.9).	Refer to Ros Morris, Social Services (member of the DV Forum).			April 2004
7. All participants were positive about the Domestic Violence Forum and the work it does, including publicity campaigns and the yearly White Ribbon Day Conference.	Agencies/organisation to continue to support the Forum and it works. Continue to hold White Ribbon Day on an annual basis.	DV Forum		November (annually)

APPENDIX 5 – TYPES OF DOMESTIC VIOLENCE ABUSE

- From the Domestic Violence Data Source - http://www.domesticviolencedata.org/4_faqs/faq02.htm

Slapping	<i>Insisting on having sex whenever he wants it</i>	Restricting her movements	<i>Making her put things back in an exact order</i>	Threats of physical violence
Smacking	Having sex with her when she doesn't want it	<i>Preventing her from keeping appointments</i>	Finding endless trivial tasks for her to do	<i>Threats of future physical violence</i>
Smacking in the face	<i>Refusing to have sex with her</i>	Timing her movements	<i>Making her continually redo tasks after finding fault with what she has done</i>	Threats of sexual violence
<i>Pushing</i>	Having affairs to humiliate her	<i>Accompanying her everywhere</i>	Making her polish the soles of his shoes	<i>Threats of future sexual violence</i>
Shoving	<i>Having sex with others in front of her</i>	Following her everywhere	<i>Enforcing a routine</i>	Threats with weapons or objects
<i>Pushing downstairs</i>	Denying her sexuality	<i>Making decisions for her</i>	Only letting her use the bathroom or toilet at certain times of day	<i>Threats to kill her</i>
Punching	<i>Expecting to have sex with her after having physically assaulted her</i>	Making her work long hours	<i>Preventing her from sleeping</i>	Threats to harm or kill her children
<i>Kicking</i>	Using objects during intercourse against her will	<i>Preventing her from working</i>	Making her sleep on the floor	<i>Threats to take her children away</i>
Hitting	<i>Forcing her to watch or engage in pornography</i>	Isolating her from her friends and family	<i>Preventing her from eating</i>	Threats to harm or kill another loved one
<i>Hitting her with objects</i>	Enforcing sado-masochistic activity	Making her family and friends too scared to contact her	Making her eat inedible food or disgusting things	<i>Threats to harm or kill pets</i>
Holding her against the wall	<i>Forcing her to perform sexual acts in front of her children</i>	Turning her family and friends against her	<i>Preventing her from getting or keeping her job</i>	Threats to self harm or commit suicide
<i>Holding her down</i>	Forcing her to perform sexual acts in front of other people	<i>Getting his family or friends to intimidate her</i>	Preventing her from studying	<i>Threats to have her deported</i>
Banging her head against the floor	<i>Forcing her to perform sexual acts with other people</i>	Isolating her from her community	<i>Destroying her work</i>	Threats to report her to the authorities
<i>Banging her head against the wall</i>	Forcing her to perform sexual acts with animals	<i>Telling her no-one else cares about her</i>	Taking her money	<i>Threats to destroy possessions</i>

Bruising	<i>Refusing access to contraception</i>	Taking away her documents and papers	<i>Refusing her money</i>	Threats to burn down her home
<i>Blacking eyes</i>	Refusing to let her have an abortion	<i>Removing her passport</i>	Refusing her economic independence	<i>Threats to exclude her from her family or community</i>
Biting	<i>Making her have an abortion</i>	Preventing her from learning the local language	<i>Demanding receipts for all spending</i>	Threats to make her lose her job
<i>Breaking bones</i>	Assaulting her when she is pregnant	<i>Having others believe him over her despite evidence to the contrary</i>	Making her ask or beg for money	<i>Threats to expose things she is ashamed of to others</i>
Burning	<i>Prostituting her against her will</i>	Telling her children lies about her	<i>Keeping her misinformed about her entitlements</i>	Exposing things she is ashamed of to others
<i>Burning her with cigarettes</i>	Refusing to practice safe sex	<i>Telling others lies about her</i>	Incurring debts and expecting her to pay them	<i>Saying things he knows are deeply hurtful</i>
Burning her with acid	<i>Sexually abusing her children</i>	Making her tell lies for him	<i>Incurring debts in her name</i>	Using racism against her
<i>Setting fire to her</i>	Sexual name calling	<i>Manipulating her children</i>	Forcing her to commit acts of fraud	<i>Using her sexuality against her</i>
Scalding	<i>Forcing her to engage in sexual practices she does not like</i>	Telling her children things she doesn't want them to know	<i>Shouting at her</i>	Using her disability against her
<i>Shaking</i>	Making her afraid by looks, actions, gestures	<i>Turning her children against her</i>	Screaming at her	<i>Telling her her reactions are irrational</i>
Strangling	<i>Breaking objects</i>	Harassing her after separation	<i>Swearing at her</i>	Telling her there is no escape
<i>Suffocating</i>	Breaking valued possessions	<i>Using child contact to harass her</i>	Insulting her	<i>Telling her he will find her if she does escape</i>
Choking	<i>Driving dangerously whilst she is in the car</i>	Having her children taken away from her	<i>Undermining her</i>	Physically preventing her escape
<i>Throwing her</i>	Driving the car at her	<i>Getting information about her from her children</i>	Telling her what to wear	<i>Withdrawing affection</i>
Throwing objects at her	<i>Driving the car at her children</i>	Sending her unwanted gifts	<i>Criticising her appearance</i>	Ignoring her
<i>Attacking her with a weapon</i>	Being violent to others as a lesson to her	<i>Being obsessively possessive</i>	Criticising her abilities	<i>Refusing to talk to her</i>
Stabbing	<i>Hurting her in front of her children</i>	Being obsessively jealous	<i>Criticising her sexual performance</i>	Repeatedly interrogating her

<i>Stripping her of clothing and making her stand there</i>	Hurting her children	<i>Watching her at home or work</i>	Criticising her work or housekeeping	<i>Behaving unpredictably</i>
Forcing her to hurt herself	<i>Hurting her children in front of her</i>	Destroying her letters	<i>Making her do housework in the middle of the night</i>	Keeping her constantly on edge
<i>Forcing her to drink alcohol</i>	Telling stories about how he has hurt others	<i>Sending threatening letters</i>	Making her lick the dinner plates clean	<i>Making her afraid to go to sleep</i>
Forcing her to take drugs	<i>Telling her how he would like to hurt her</i>	Phoning her and making her feel afraid	<i>Criticising her in front of others</i>	Making her afraid to wake up
<i>Withholding medication</i>	Locking her out	<i>Not letting her use the phone</i>	Telling her she is mad	<i>Continually breaking promises</i>
Withholding care if she is ill, disabled or elderly	<i>Keeping her locked in</i>	Cutting off the phone	<i>Telling her she is ugly</i>	Making her do things she doesn't want to do to prove her love
<i>Holding her head underwater</i>	Keeping her locked in a room	<i>Mocking or humiliating her</i>	Telling her she is stupid	<i>Telling her nobody else would want her</i>
Drowning	<i>Keeping her locked in a cupboard or under the stairs</i>	Mocking or humiliating her in front of others	<i>Telling her she is a disgrace</i>	Telling her no-one would believe her
<i>Attempted murder</i>	Taking away her possessions	<i>Abusing her in front of others</i>	Telling her she is a slut	<i>Telling her that his behaviour is normal</i>
Murder	<i>Destroying her possessions</i>	Intimidating others so that they do not intervene to help her	<i>Telling her she is useless</i>	Making her accept that his behaviour is normal
<i>Rape</i>	Taking away her clothes	<i>Allowing her no privacy</i>	Telling her she is worthless	<i>Telling her he only abuses her because he loves her</i>
Forced oral sex	<i>Destroying her clothes</i>	Spitting on her	<i>Telling her she is a failure</i>	Minimising the harm that he has caused
<i>Forced anal sex</i>	Saying 'next time it will be you'	<i>Urinating on her</i>	Telling her she is a bad mother	<i>Denying that any abuse has taken place</i>
Sexual assault	<i>Vandalising her home</i>	Degrading her	<i>Doing so in front of her children or others</i>	Telling her that it is her fault
<i>Having sex with her when she is asleep</i>	Setting fire to her home	<i>Brainwashing her</i>	Making her think she is mad, ugly, stupid, useless, worthless, a failure as a mother	<i>Making her believe that it is her fault</i>

APPENDIX 7 – RECOMMENDATIONS ACTION PLAN

	Recommendation Made	Request Action By	Feedback to Working Party
1.	That a pan-London definition of domestic violence be agreed by all London authorities and those agencies connected with domestic violence. That this definition be adopted by all such authorities and agencies to ensure consistency across all of London	Domestic Violence Forum (DVF), Hillingdon Cabinet, London Domestic Violence Forum, London Action Trust (Greater London Domestic Violence Project), The Mayor of London, John Wilkinson MP, John McDonnell MP, John Randall MP	Details of actions taken to be communicated back the Health & Social Care OSC, members of the Working Party, and the DVF
2.	That all Hillingdon Borough Council staff who may be contacted by victims/survivors of domestic violence receive ongoing awareness training and instruction as to the sensitivity and support needed by such people	Head of Training and Development, Training and Development Co-ordinator.	Details of induction programme to be communicated back to the Health & Social Care OSC and members of the Working Party.
3.	That all school staffs (teaching and non-teaching) should be well aware of the internal referral system and designated teacher role. A survey of school staffs should be carried out (and reported back to the Working Party) to identify the current level of awareness	Director - Education Youth & Leisure department (EYL), Cllr Solveig Stone	Results of survey to be communicated back to the Working Party through the Health & Social Care OSC, Education OSC, & DVF

4.	That representations are made to the Department of Education and Skills and to teacher training colleges to increase the attention given to child protection issues during initial teacher training	Hillingdon Cabinet Cllr Solveig Stone, DVF, Director – EYL, Charles Clarke MP	
5.	That posters and leaflets be produced, raising awareness and explaining (e) the criminality of domestic violence, (f) the potential damaging effects of domestic violence, (g) the outward signs of domestic violence, and (h) the options open to those experiencing domestic violence, These information items are to be distributed and displayed in schools, colleges, and other facilities used by children and young people	Director – EYL, Borough Commander – Police, Community Safety Team, Cllr Solveig Stone	Details of actions to be communicated back to the Working Party via the Health & Social Care OSC, the Education OSC, and the DVF
6.	That schools and colleges be informed of the presence and details of court orders and injunctions, where relevant, so as to help protect the individuals concerned	Hillingdon Cabinet, Director - EYL, Cllr Solveig Stone	Details of actions to be communicated back to the Working Party via the Health & Social Care OSC and the Education OSC
7.	That schools be strongly encouraged to put domestic violence awareness and related issues on their curriculum. Such teaching	Hillingdon Cabinet, Director – EYL, Cllr Solveig Stone,	Details of actions to be communicated back to the

	should occur at all levels of schooling and delivered at the appropriate level across the age groups.	Qualifications and Curriculum Agency.	Working Party via the Health & Social Care OSC and the Education OSC
8.	That housing options supplied to survivors of domestic violence are safe, anonymous, and respectful of the individual's / family's needs	Director - Housing department, Corporate Director – Housing department, Hillingdon Cabinet, Cllr Phillip Corthorne	Details of actions to be communicated back to the Working Party via the Health & Social Care OSC and the Housing OSC
9.	That Hillingdon PCT undertakes an audit of the current level of domestic violence awareness and identification training across all healthcare areas and staff groups. The results of this audit are to be communicated back to the Working Party.	Chief Executive - Hillingdon PCT, Director of Public Health – Hillingdon PCT,	Results of audit to be communicated back to the Health & Social Care OSC & DVF
10.	That awareness and identification training is provided to healthcare staff, as appropriate from the audit (see above recommendation) of training and awareness levels	Chief Executive - Hillingdon PCT, Director of Public Health – Hillingdon PCT	Results of audit, and assessment of training need to be communicated back to the Health & Social Care OSC & DVF
11.	That posters and leaflets be produced, raising awareness and explaining: (e) the criminality of domestic violence, (f) the potential damaging effects of domestic violence, (g) the outward signs of domestic violence, and	Chief Executive - Hillingdon PCT, Director of Public Health – Hillingdon PCT, Community Safety Team, DVF	Details of actions to be communicated back to the Working Party via the Health & Social Care OSC & DVF

	<p>(h) the options open to those experiencing domestic violence</p> <p>These information items are to be distributed and displayed in all healthcare facilities used by children and young people</p>		
12.	<p>That a leaflet or similar document be produced and disseminated to all healthcare staffs, outlining the signs of domestic violence during pregnancy, and informing the reader of the referral and care options available</p>	<p>Chief Executive - Hillingdon PCT, Borough Commander - Police, Community Safety Team</p>	<p>Details of actions to be communicated back to the Working Party via the Health & Social Care OSC & DVF</p>
13.	<p>That further in-service training be organised for midwives, and all healthcare workers who deal with pregnant women. Such training must be audited to ascertain how successful the uptake and results of the training are.</p>	<p>Chief Executive - Hillingdon PCT, Director of Public Health – Hillingdon PCT, Chief Executive - Hillingdon Hospital Trust, Sally Dauncey & Lesley Tilson</p>	<p>Details of arrangements to be communicated back to the Health & Social Care OSC & DVF</p>
14.	<p>That central government and Greater London Authority be lobbied to the cause of extending training for healthcare workers on domestic violence during pregnancy across London, in accordance with National Institute for Clinical Excellence recommendations and the example of good practice seen already in the Borough of Hillingdon</p>	<p>Chief Executive - Hillingdon PCT, Director of Public Health – Hillingdon PCT, Chief Executive - Hillingdon Hospital Trust, Hillingdon Cabinet, John Wilkinson MP, John McDonnell MP, John Randall MP, Richard Barnes</p>	<p>Details of communications made to be communicated back to the Health & Social Care OSC and the DVF</p>

15.	That a leaflet or similar information source be produced and made available to pregnant women explaining the potential harm that domestic violence can exert on the unborn child. Information pertaining to the care and support available to victims of domestic violence should also be included.	Chief Executive - Hillingdon PCT, Director of Public Health – Hillingdon PCT, Chief Executive - Hillingdon Hospital Trust	Details of actions to be communicated back to the Working Party via the Health & Social Care OSC & DVF
16.	That all pregnant women be offered a private, one-on-one meeting between them and the midwife. This meeting is to take place in complete confidence, in a soundproof and fully enclosed room. Such a room should be made available in the appropriate healthcare facilities	Chief Executive - Hillingdon PCT, Director of Public Health – Hillingdon PCT, Chief Executive - Hillingdon Hospital Trust	Details of actions taken to be communicated back to the Health & Social Care OSC
17.	That set questions become a compulsory routine to be asked by midwives of all pregnant women to help identify cases of domestic violence. These questions must be asked when the woman attends a private meeting between the midwife and the pregnant woman.	Chief Executive - Hillingdon PCT, Director of Public Health – Hillingdon PCT, Chief Executive - Hillingdon Hospital Trust	Details of actions taken to be communicated back to the Health & Social Care OSC
18.	That a designated ‘Domestic Violence Liaison Midwife’ post be created to handle domestic violence cases during pregnancy and be a source of advice and information for midwives and other healthcare workers concerned about the occurrence of domestic violence on individuals in their care	Chief Executive - Hillingdon PCT, Director of Public Health – Hillingdon PCT, Chief Executive - Hillingdon Hospital Trust, NWL Strategic Health Authority, Head of Midwifery – Hillingdon Hospital Trust	Details of actions taken to be communicated back to the Health & Social Care OSC and the DVF

19.	That, when dealing with infants or cases in which it is known or suspected that abuse occurred during pregnancy, midwives be consulted by Social Services and the Police when appropriate, regarding information of the occurrence of domestic violence at child protection case conferences.	Director - Social Services, Area Child Protection Committee, Borough Commander – Police, Chief Executive – Hillingdon Hospital Trust.	Details of actions taken to be communicated back to the Health & Social Care OSC and the DVF
20.	That information-sharing procedures between agencies and boroughs are reviewed to ensure they comply with the standards set by the London Child Protection Committee	Director - Social Services, Director - Housing, Director – EYL, Borough Commander - Police, Chief Executive - Hillingdon PCT, Chief Executive - Hillingdon Hospital Trust	Results of review to be communicated back to the Health & Social Care OSC, members of the Working Party and the Education OSC
21.	That a communication and information-sharing protocol be established, detailing the methods and procedures for the sharing and provision of information to all other agencies on matters of domestic violence and child protection	Director - Social Services, Director - Housing, Director – EYL, Borough Commander - Police, Chief Executive - Hillingdon PCT, Chief Executive - Hillingdon Hospital Trust	Details of protocol to be communicated back to the Health & Social Care OSC and the DVF
22.	That all Council staff be strongly reminded of the regulations governing the distribution of information and the need for the	Hillingdon Cabinet, Borough Solicitor - Legal	Details of actions taken to be communicated back to the

	confidentiality of sensitive information to be maintained at all times	Services, Head of Training & Development Services	Health & Social Care OSC and the DVF
23.	<p>That efforts be made to correct the 'bad press' and negative images of Social Services. Such efforts should include:</p> <ul style="list-style-type: none"> (e) Engaging women's groups and young-mums groups. (f) Distributing clear information about the services and associated policies of care available (g) Countering the fear and impression that children will be taken away from the parent should domestic violence cases be exposed. <p>Promoting the assistance social services can provide, to counter the perception of parent substitution. Services should be seen as enabling and empowering, rather than as taking the place of the parent/guardian</p>	Director - Social Services Hillingdon Cabinet, Cabinet Member for Health & Social Care	Details of actions taken to be communicated back to the Health & Social OSC, members of the Working Party, and the DVF
24.	That a poster / leaflet campaign be launched by the Community Safety Team, Police, and NHS highlighting the effects of inter-parent domestic violence on children and young people.	Community Safety Team, Borough Commander - Police, Chief Executive - Hillingdon PCT	Details of actions taken to be communicated back to the Health & Social Care OSC and the DVF
25.	That another Domestic Violence Outreach Worker post be created to help deal with the level of demand and provide sufficient support to this client group	Hillingdon Cabinet, Cabinet Member for Health & Social Care, DVF, Borough	Details of actions taken to be communicated back to the Health & Social Care OSC

		Commander – Police	and the DVF
26.	That counselling services are made available at the earliest stage to enable children and young people to address the traumas experienced	Hillingdon Cabinet, Chief Executive - Hillingdon PCT, Cabinet Member for Health & Social Care, Director – Social Services, DVF	Details of actions taken to be communicated back to the Health & Social Care OSC and the DVF
27.	That the Council be reminded of the recruitment and retention difficulties regarding trained social workers and case workers, and that efforts be made to address this issue	Hillingdon Cabinet, Directorate heads	