

**Islands' Child Protection Committee Domestic Abuse (Children)  
Group Guernsey & Alderney**

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**Inter-Agency Practice Guidance Safeguarding  
Children Affected by Domestic Abuse**

## Foreword

This document has been created to provide guidance to any practitioners whose work brings them into contact with children or their families. The purpose of this guidance is:

- to promote a multi-agency approach to early, effective intervention and safeguarding of children affected by domestic abuse. For the purpose of this document, in accordance with the Children (Guernsey and Alderney) Law, 2008, a 'child' is defined as a person up to the age of 18.
- to bring a sharper focus on risk assessment and safety planning as a continuous, interlinked process.

It is important to recognise we all have a part to play in safeguarding children who are affected by domestic abuse and that sensitive and supportive intervention can make a crucial difference in protecting children and supporting the non abusing parent or carer.

This guidance has been developed to help all agencies and individuals involved to know what to do if they are concerned about the welfare of children affected by domestic abuse and how their actions fit with other agencies and the Guernsey and Alderney Interagency Child Protection Guidelines.

It helps to explain what happens from the moment a concern is raised, what happens next and the roles and responsibilities of all agencies involved in working with children and families in the context of domestic abuse. This guidance also provides helpful information about good practice and the issues confronting children and their parents and carers where domestic abuse is having an impact on parenting. It helps give us a useful reference to help think things through and take the right action and to know what happens next so the family can be supported through the process of intervention, help and support.

This Guidance was created by a sub-group of the Islands' Child Protection Committee. It is produced as a consultation document for various groups and will be available on the [www.gov.gg](http://www.gov.gg) website at <http://www.gov.gg/domestic-abuse>

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### **Child Protection Interagency Guidelines**

The Islands Child Protection Committee has produced a web-page to provide guidance, when there is a need to act to protect a child. This guidance is to be followed by all people in Guernsey and Alderney, who come into contact with children, through their work, whether they are paid or unpaid.

Full details of the procedures for what to do if you have concerns about the safety of a child may be found at <http://www.online-procedures.co.uk/guernsey/>

An extract is reproduced here.

If you are a member of the public who has concerns about a child's welfare or safety, and if that child is in Guernsey or Alderney, you must call Children and Maternity Services, Assessment and Intervention Social Work on tel: 723182. Alternatively if it is an emergency, you must call the Police on tel: 999.

It is the duty of the States of Guernsey and Alderney to protect children from harm.

## **Worried about a child**

Everyone has an important part to play in preventing the abuse of children, and in responding to situations where they think that a child may be suffering, or at risk of suffering from serious harm. If you believe that a child has suffered or is likely to suffer serious harm a referral must be made to Children and Maternity Services, Assessment and Intervention Team.

If you are concerned about the welfare of a child or unborn baby you should consult with your manager or the designated person responsible for child protection in your organisation. If after discussion your concerns remain, you must make a referral to Children and Maternity Services, Assessment and Intervention Team.

If you do not think that the child is at risk of serious harm but feel that the child is in need of services (including those provided by another part of your same agency), you must make a referral to the service that you believe could meet the child's needs.

Above all if you are unsure, seek advice from the Assessment and Intervention Team or the Emergency Duty Team (if out of office hours).

The telephone number for the Assessment and Intervention Team is 01481 723182 and the Emergency Duty Team is contactable through telephone number 01481 725241.

**This guidance is not a stand-alone document. If domestic abuse is placing a child at risk the ICPC Inter-Agency Guidelines should also be followed.**

## **1: Introduction**

Although home is where a child should feel safe, children may experience domestic abuse both directly and indirectly. When one household member is abusing another, any children within the home are highly likely to suffer mentally and/or physically as a result. The abuse is happening within their world and in their home. It is happening between people they feel love and loyalty towards, who have control over their lives and who are role models for them.

Children are at risk of suffering long-term psychological and emotional damage from domestic abuse as a result of:

- Witnessing the abuse perpetrated against a parent or carer, usually their mother.
- Experiencing the fear and anxiety of living in an environment where abuse occurs.
- Becoming actual victims of abuse and neglect.

*‘Prolonged and/or regular exposure to domestic violence can have a serious impact on a child’s development and emotional well-being, despite the best efforts of the victim parent to protect the child. Domestic violence has an impact in a number of ways. It can pose a threat to an unborn child, because assaults on pregnant women frequently involve punches or kicks directed at the abdomen, risking injury to both mother and foetus. Older children may also suffer blows during episodes of violence. Children may be greatly distressed by witnessing the physical and emotional suffering of a parent.*

*Both the physical assaults and psychological abuse suffered by adult victims who experience domestic violence can have a negative impact on their ability to look after their children. The negative impact of domestic violence is exacerbated when the violence is combined with drink or drug misuse; children witness the violence;*

*children are drawn into the violence or are pressurised into concealing the assaults. Children's exposure to parental conflict, even where violence is not present, can lead to serious anxiety and distress.'*

Working Together to Safeguard Children, DfES, 2006, Section 9.15<sup>i</sup>

*'Everyone working with women and children should be alert to the frequent inter-relationship between domestic violence and the abuse and neglect of children.'*

Working Together to Safeguard Children, DfES, 2006, Section 11.45

*'The trauma and long-term effects suffered by children living in a violent household is incalculable'*

Home Office consultation paper 'Safety and Justice' June 2003<sup>ii</sup>

Research commissioned by the Department of Trade & Industry<sup>iii</sup> (Walby, University of Leeds 2004) found that **domestic violence costs social services an estimated £250 million a year**, with these costs applying overwhelmingly to children rather than adults, even though these are only the tip of an unknown iceberg. Detailed costs to services for the Bailiwick of Guernsey are not known, but if extrapolated from the £3.1 billion for a population of 52 million could amount to approximately £4 million per year in our community. We know locally that most of the children of women accessing specialist domestic abuse services are not known to Services for Children and Young People. (see *Appendix 1 for other research findings*)

Many people are now familiar with the fact that at least 2 women are killed every week, on average, in England and Wales alone, by their male partner or ex-partner (130 each year on average). A requirement in England and Wales to conduct '**Domestic Homicide Reviews**', along similar lines to 'Serious Case Reviews' following child deaths where local agencies are asked to consider what could have been done to prevent any domestic homicides in their area. Guernsey will be reviewing whether to introduce Domestic Homicide Reviews as one of the actions within the Domestic Abuse Strategy.

This Practice Guidance will assist agencies and staff in Guernsey and Alderney when working with domestic abuse. It is in line with the Islands Child Protection Committee Interagency Guidelines.

Nothing in this Practice Guidance changes the requirement for careful assessments and multi-agency responses, in the context of a good understanding of the impact of domestic abuse on children. No one agency can address all the needs of people affected by, or perpetrating, domestic abuse ~ for any intervention to be effective agencies *must* work together, and be prepared to take on the challenges this can create.

There is real concern that any requirement for routine referral of children living with domestic abuse to the Children and Maternity Services, Assessment and Intervention Team would result in women hiding the domestic abuse rather than seeking advice and support to change their situation. It is still the case that women living with domestic abuse fear that their children will be taken into care if they tell anyone what has been happening.

A frequent source of complaint from women's services has been that violence towards a child's mother is not necessarily the focus for child protection workers, who feel the child's needs must be paramount. Women living with domestic abuse are sometimes seen as 'failing to protect' their child. Equally, minimising the needs of children to those of their mothers should also be avoided.

What is important is to recognise that where there is domestic abuse, **the protection of the child's mother will benefit the child, even if they also have separate needs.** Domestic abuse is often an attack on the mother-child relationship, not just woman abuse or child abuse. Assessments must consider at what point exposing children to violence and abuse becomes irresponsible parenting, and how to confront that issue with sensitivity.

Domestic abuse often occurs *alongside* other issues, such as:

- drugs and alcohol misuse
- deprivation and social exclusion
- homelessness and housing needs
- mental health difficulties



- child abuse and / or animal abuse

This can make responding appropriately even more complex, and adds to the need for careful assessment to unpick the power dynamics of domestic abuse:

- who is systematically using domestic abuse to control and dominate others within a family or relationship?
- who is reacting to it, and who is affected by it?

This practice guidance is intended to complement the ICPC Inter-Agency Guidelines and your own agencies policies and procedures.

There is growing awareness that the key to responding effectively to domestic abuse is to understand the need for careful **Risk Assessment and Safety Planning, as interlinked processes**. This approach is already used by criminal justice agencies in relation to high risk offenders, but is only now starting to be applied to domestic abuse situations. We are at an early stage in the development of any ‘tools’ for this, and it may not be possible to create a single tool for all agencies ~ the **guidance provided in the Appendices will be continuously updated with experience**.

**Confidentiality:** whilst co-operation between agencies is vital, it is very important that confidentiality is maintained, and information sharing takes account of potential risks to the safety of both family members and practitioners. No information about a client should be passed to any agency or individual without the client’s explicit, informed agreement, unless there is a statutory duty to do so. Staff should refer to their own agency’s protocols and procedures and to the Children (Guernsey & Alderney) Law 2008

Some agencies will also be referring to ‘best practice’ guidance for working with domestic abuse, which agencies may find helpful:

- The Children & Family Court Advisory & Support Service (CAFCASS) have produced a detailed *Domestic Violence Policy & Standards* including a very useful Toolkit for assessment.<sup>iv</sup>

- the National Centre for Policing Excellence have developed clear guidance for the police response to domestic violence, including a risk assessment tool, which is currently being introduced in South Yorkshire (at: [www.acpo.gov.uk/publications](http://www.acpo.gov.uk/publications) )
- the Dept. of Health have created a new smaller sized ring-binder of guidance *Responding to Domestic Abuse: a handbook for health professionals*  
[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh.digitalassets/@dh/@en/documents/digitalasset/dh\\_4126619.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh.digitalassets/@dh/@en/documents/digitalasset/dh_4126619.pdf)

### **Definition(s) of Domestic Abuse –**

Domestic abuse is defined in the Domestic Abuse Strategy for Guernsey and Alderney 2009-12 as **“threatening behaviour, violence or abuse (psychological, physical, verbal, sexual, financial or emotional) inflicted on one person by another where they are or have been intimate partners or family members, irrespective of gender or sexual orientation”**

Domestic abuse usually involves a combination of these behaviours or acts used by one individual to dominate another.

This practice guidance has been written as a gender-neutral document because although the majority of victims are women, it can also involve men being abused by their female partners, abuse in same sex relationships, and by young people towards other family members, as well as the abuse of older people in families.

Domestic abuse occurs irrespective of social class, racial, ethnic, cultural, religious or sexual relationships or identity. Anyone can be affected by domestic abuse, but when levels of severity are considered, taking into account the frequency of attacks, the range of forms of violence and the seriousness of injuries, women are overwhelmingly the most victimised, with male partners or ex-partners as the perpetrators.

**\* Note:** *the Guernsey Police are required to work to the following definition of domestic violence agreed by the Association of Chief Police Officers:*

**Any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults (aged 18 years or over) who are or have been intimate partners or family members.**

While any incident of abuse will be frightening for children, there are more likely to be concerns about significant harm to children where the abuse is chronic and serious.

Adoption of this definition means that 16 and 17 year olds involved in incidents of domestic abuse will be dealt with in accordance with Child Protection procedures. However, this will in no way affect the police response to calls for assistance, or the support and services needed to protect such individuals from further harm.

Family members are defined as mother, father, son, daughter, brother, sister and grandparents, whether directly related, in-laws or stepfamily.

## 2 - Aims and Principles when Working with Children and Families

### Aims

- To identify and protect children and their non-abusing parents or carers from domestic abuse and its effects
- To improve services and support for all children affected by domestic abuse
- To promote effective information sharing, risk assessment and safety planning with those affected by domestic abuse as interlinked processes
- To develop and deliver a high quality, co-ordinated multi-agency referral process and response to domestic abuse
- To effectively challenge perpetrators and promote safe parenting
- To contribute to the implementation of the action plans outlined in ***Domestic Abuse: A Strategy for Guernsey and Alderney 2009-2012***<sup>v</sup>

### Principles

- The child's safety is paramount
- Abuse, violence and disrespectful behaviour are unacceptable regardless of age, gender, race, ethnicity, sexuality or disability
- Responsibility for domestic abuse rests solely with the perpetrator/s who should be held accountable.
- Professionals need to be alert to signs of domestic abuse and child abuse and to be aware of the close connection between them
- Domestic abuse can be present in all forms of child abuse: physical, emotional, sexual and neglect

- Children should be protected in the least intrusive way; this may mean the non-abusive parent and children leaving the family home or the abuser being forced to leave
- Children should only be separated from their non-abusive parent if necessary, if it is assessed to be in the immediate best interest of the children
- The most effective ways of protecting non-abusive parents and children are to:
  - Build trust with the non-abusive parent and support his/her strategies to make safe choices for him/herself and the children
  - Identifying and addressing the risk factors in relation to all the individuals involved
  - Raising awareness and building trust by developing protective extended networks that support the safe choices.
  - Develop effective inter-agency involvement with the non-abusive parent that includes a plan for protecting him/her and the children in a way that best meets the children's health and developmental needs.
- Leaving an abusive partner is a process, not a single event
- It is crucial to engage those affected by domestic abuse, and other partner agencies, in continuous risk assessment and safety planning.
- There may be vulnerabilities like drug or alcohol misuse, learning difficulties, mental ill health or childhood abuse which may increase the likelihood of domestic abuse but this is not an excuse for abuse and should not be used to minimise its seriousness.
- Practitioners and agencies need to ensure that they do not start to replicate the control over family members that is or was exercised by the perpetrator

**The core principles outlined above should be worked to regardless of the cultural or social background of the people involved**

### **3: Recognising and assessing the impact of Domestic abuse on children**

This section sets out very broad descriptions of potential indicators and impacts of domestic abuse for children [see *Appendix 1 for ADULTS*].

Domestic abuse is complex, and people's experiences and responses will vary over time, and may impact differently on each individual family member.

Rather than make assumptions, or work to any 'checklist', it is important to:

- engage family members in open communication about their experiences.
- work in partnership to identify risks and protective factors and ways of keeping safe.
- If possible, find ways to engage perpetrators to change their behaviour.

**Section 4 provides more detailed guidance for multi-agency working in response to domestic abuse.**

#### **How children can experience domestic abuse**

- Being physically harmed or threatened with harm.
- Being injured while trying to intervene.
- Witnessing or overhearing the abuse of others.
- Witnessing the outcomes of any assault.
- Threats to children being used to intimidate the non-abusing carer.
- Children being encouraged to take part in the abuse.
- Being threatened to remain silent.
- Seeing ill treatment of pets.
- Seeing damage in the home or to toys.
- Contact between the perpetrator and the child and/or non-abusing parent.

#### **Indicators of domestic abuse from children could include:**

- Child tells someone about the abuse
- Child has evidence of injuries
- Running away from home.
- Anxiety or fear-related behaviour or unexplained illness.
- Difficulties with sleeping or eating - failure to thrive.

- Absence from school and/or lower achievement at school, difficulty concentrating.
- Injuries could lead to withdrawal from school activities that involve revealing parts of the body, for example sports.
- Substance misuse.
- Depression or distracted behaviour.
- Withdrawal, aggression, behavioural difficulties.
- Missed health or developmental checks.

Research indicates that the child is unlikely to inform a professional and is more likely to talk to other children or family members.

### **Effects of domestic abuse on children**

The effects on a child or young person of living with domestic abuse could be one or a combination of physical, sexual, and psychological impacts, and/or more general experiences of neglect. They can include:

- Physical injury, directly or in trying to protect the non-abusing carer.
- Disruption caused in leaving home, school, friends, community to escape the abuse.
- Distress, anxiety and fear at witnessing the physical and emotional suffering of a parent.
- Effects of domestic abuse on adults' parenting capacity and ability to meet the child's needs.
- Child feels responsible for the non-abusing carer or siblings and becomes the main carer for the family.
- Secretiveness, pressure to conceal the abuse.
- Child's sense of responsibility and desire to end the abuse.
- Anger, aggression, desire for revenge on the perpetrator
- Living in a constant state of fear, and wanting protection from threats.
- Sleep disturbance, bed wetting, and nightmares.

- Failure to thrive.
- Poor concentration, difficulties in school.
- Overachieving at school, over-willingness to please and to avoid conflict
- Lack of self-esteem, and feelings of guilt or self blame.
- Lack of respect for the non-abusing carer.
- Identifying with the abusive partner for survival reasons.
- Difficulty in relating to other people and social isolation / exclusion.
- Alcohol and substance misuse and offending behaviour.
- Being accommodated by the local authority.
- Leaving home prematurely without sufficient resources, planning and support.
- Post Traumatic Stress Disorder e.g. avoidance responses, numbing of general responses, re-experiencing trauma and higher incidences of disengagement.
- Recurrent, non-specific physical complaints, with no obvious cause.
- Fear / rejection of normal touch.
- Impact on future relationships.
- Short and long term effects of sexual abuse.
- Sadness, depression, self harm, attempted and actual suicide
- Child death

### **Factors which can influence the effects of the abuse**

- Age, gender, developmental stage.
- Poverty and social exclusion.
- Special needs irrespective of the abuse.
- Stability of the non-abusing carer's wellbeing.
- Extent and frequency of abuse.
- Repeated separations and moves.



- End of the abuse, and safety being a reality, including safety of non-abusing carer.
- Their own personal resources.
- Supportive routines relevant to the age of the child.
- Protective and supportive network outside immediate family.
- Open communication about the domestic abuse, and opportunities to rebuild family relationships.
- A positive relationship with the non-abusing parent may not protect the child, but will aid the recovery process afterwards.
- Counselling/group work with other children who understand their experiences.
- The perpetrator accepting responsibility for the abuse, and making reparations.
- Services working with the abuser.

It is very important to remember that many children can and do recover from the long-term effects, once they are no longer living with domestic abuse, but they may need help from others to do this. In some cases specialist therapeutic and / or group work will be useful to help them make sense of their experiences, and reduce their isolation and sense of difference.

## **Section 4 - Good Practice Points**

**Some of these points may not be relevant for all agencies. The investigation of possible domestic abuse is primarily carried out by the Police and / or Children's Services.**

### **Working with children**

- Do be realistic and honest about the limits of confidentiality.
- Do help the child or young person to understand that they are not to blame.
- Do let them know that domestic abuse is never acceptable ~ no one has the right to bully or abuse another person.
- Do acknowledge and build on the child's strengths and survival strategies.
- Do meet and communicate with the child separately to the non-abusive carer.
- Do try to get the non-abusing carer to give permission to the child that it is okay to talk to you about their experiences of domestic abuse, how it's affected them and the feelings it raises.
- Do talk with the child about their experiences, wishes and feelings ~ who meets their needs, their coping strategies, behavioural, emotional and social responses, and their attitude to relationships.
- Be careful to acknowledge their experiences, but not to look shocked or upset by what they tell you.
- Children can find it hard to talk for many reasons, such as shame, guilt, torn loyalties, threats of what would happen if they tell anyone, not wanting to leave home or split up the family, or just not having the language to use.
- They need time to express a confusing range of emotions, and may find it easier to communicate through drawing or play activities rather than talking.

### **Working with adults affected by domestic abuse**

In contact with adults affected by domestic abuse, especially women:

- Wherever possible, make contact in a safe way so that the abuser cannot intercept messages.

- Response to any referral should be discreet to prevent further danger to the non-abusive carer or children.
- A clear statement on confidentiality should be made and referred to.
- Direct questions should be asked although the term 'domestic abuse' may not be useful at first, for example *"Are you frightened of your partner?"* or *"Have you ever been hurt by your partner?"*
- Emphasise that domestic abuse is common and they have done well to talk about it; provide reassurance that they are believed and not to blame.
- Talk about the impact that witnessing abuse can have on children.
- Consider if there is more than one person responsible for the abuse, and consider who needs to be involved in assessing the levels of risk from, and to, all those involved, including children ~ *see Assessing Serious Harm below, and Appendix 2 Risk Assessment.*
- If there is an immediate risk to the child, contact the Police rather than following your agency's usual Child Protection Procedures.
- Understand that women want the abuse to stop but may not want the relationship to end at that point in time.
- Suggest where she can seek specialist advice and support, and give contact details for local services.
- Consider available legal options, and explain if this could involve a criminal law prosecution, or a civil law application for an injunction against the abuser. Signpost the non-abusing carer to the relevant agency.
- Some negative behaviours, such as angry outbursts, alcohol or substance misuse, may be coping strategies for the non-abusing carer.
- Children may be participating in the abuse, siding with the abuser or copying aspects of their behaviour.
- Realise that for many the decision to leave an abusive partner will be just the start of a period of enormous upheaval and loss.
- Recognise that the most important gain for a non-abusive carer and children in leaving (safety for herself and her children) has to be balanced against the possibility that **the abuser may carry out threats to find and kill her** ~ statistically this is the most dangerous time for serious injury and death.

- Remember that her options may be restricted by cultural or language needs, mental health, learning difficulties and / or chronically low self-esteem.
- Ensure that she is able to explore her options for changing her situation, is provided with accurate information, and considers ways of maximising her safety whether she leaves or not ~ *see Appendix 3: Safety Planning*.
- Recognise that in some situations, women may not be able to care for their children, and alternative or temporary arrangements may be needed.

### **Working with perpetrators of domestic abuse**

Practitioners run the risk of colluding in domestic abuse if equal attention is not paid to the risks created by the perpetrator, and strategies for challenging his behaviour or prevent further abuse, whether he lives with the children or not.

Agency responses to domestic abuse usually centre on those who are affected, rather than on **the ‘invisible’ offenders**, who can often effectively avoid direct contact. A focus on mothers, and their capacity to parent, or their mental health or substance use, can risk feeding into ‘woman-blaming’.

- Identify how the perpetrator of domestic abuse will be challenged rather than avoided or appeased.
- Prior discussion and risk assessment with the child and non-abusing parent, can best inform the approach.
- Practitioners need good training and supervision.
- Practitioners must consider their own safety strategies, to undertake multi-agency work with perpetrators.
- Children may have a genuine, if distorted, attachment to the perpetrator.
- The perpetrator may abuse, threaten or humiliate the non-abusive carer in front of her children in order to keep control over both.
- The child may be abused, or experience distress during contact arrangements with the perpetrator, e.g. manipulated to give the mother’s whereabouts or to be abusive to her.

- mechanisms are needed to ensure that child protection processes take seriously the risks posed by non-resident fathers, *before* any serious contact-related incident ~ **focus tends to be on who children live with.**

In 2012 the Hampton Trust will be setting up an independent perpetrator programme in Guernsey as part of the Domestic Abuse Strategy. This will be open to men who are successfully prosecuted and receive a community sentence to undertake the programme, plus those who wish to self-refer to change their behaviour. Other agencies such as HSSD Children's Services, the Safeguarding Service, Relate and the Children's Tribunal may also wish to refer perpetrators to the Hampton Trust.

Anger management courses are not appropriate for men who are domestic abuse perpetrators.

### **Assessing child contact with an abusive parental partner**

*"Where there is domestic violence, contact should only happen where it is in the best interests of the child. The following checklist was devised as a means of assessing risk. Without this, we see there being a significant risk to the child's general well-being and his or her emotional development." (Sturge and Glaser)*

Is there evidence that the perpetrator:

- acknowledges the abuse
- accepts some, preferably full, responsibility for the abuse
- accepts fully the harm of the abuse on the child and mother, and its inappropriateness.
- wishes for contact without making conditions
- wishes to make reparations to child and mother, and help child develop appropriate values and attitudes
- expresses regret for the impact on mother
- indicates that s/he can reliably sustain contact in all senses
- respects the child's wishes?

**Assessing serious harm or likely serious harm to children (this is primarily carried out by the Police and / or Children's Services Assessment and Intervention Team.**

When assessing harm to children involved in domestic abuse, the following questions should be considered ~**these will form key elements of the broad and systematic approach to domestic abuse risk assessment outlined in *Appendix 2*.**

- Frequency and severity of the abuse, how recent and where it takes place.
- Children's description of the effects upon them and their siblings, and upon their mother/carer.
- Are the children present or have they ever been present when abuse has occurred?
- What do the children do when the abuse is happening, for example, have they ever intervened? Are they likely to in future?
- Is the mother able to meet the children's immediate and longer term needs?
- Have the non-abusive carer and/or children been locked in the house or prevented from leaving it?
- Is the abuse connected with any other factors that undermine parenting capacity (such as alcohol or substance misuse or mental health)?
- Have the children been physically threatened, for example, with strangulation, or sustained any injury?
- Are children being made to participate in or witness acts of abuse against their mother?
- Are children used physically or emotionally to exert control over their mother?
- Have physical abuse or threats been directed towards a pregnant woman and her unborn child?
- Were any weapons used or was there a threat to use a weapon? Have any weapons been used in the past?
- Is actual or threatened ill treatment of animals used to control the children and or other carer?

- what is the impact of any contact with a non-resident parent or parental partner?

#### 4: Response by Services for Children & Young People Assessment and Intervention Team (HSSD) [AIT]

*‘Any response by Assessment and Intervention Team to (police) referrals should be discreet, in terms of making contact with the women in ways that will not further endanger them or their children. In some cases a child may be in need of immediate protection’*

Working Together to Safeguard Children, DfES, 2006, Section 11.46

*‘Normally, one serious or several lesser incidents of domestic violence where there is a child in the household would indicate that CMS Assessment and Intervention Team should carry out an initial assessment of the child and family, including consulting existing records. It is important to include in assessments agreed arrangements for contact between children and the non-resident parent.’*

Working Together to Safeguard Children, DfES, 2006, Section 11.47

On notification of domestic abuse concerns within a family, the **minimum response** by the Assessment and Intervention Team must be to consult existing records and consider what else is known of the family. Where a risk assessment indicates a serious level of risk to a child in the household, an initial assessment should be undertaken.

- Lesser incidents should be considered individually, but **no more than 3 minor incidents, should be allowed to occur without consideration of an initial assessment.**
- Whenever an initial assessment is undertaken, or at any time after, all agencies involved with the assessment should be informed of any domestic abuse concerns. Where the family refuses to co-operate with an initial assessment, consideration should be given to whether a Child Protection Enquiry, or a referral to the Children’s Convenor, is justified.

- Talk to the non-abusive carer separately from anyone else, and support her to change her situation, while monitoring levels of risk to all those involved.
- Provide information on domestic abuse support services and refuge details, taking into account any cultural issues, and support to access those services.

### **Child Protection Enquiries**

These are enquiries conducted by the CMS Assessment and Intervention Team where there is reasonable cause to suspect that a child is suffering, or likely to suffer, serious harm. In the majority of cases it will be good practice to advise parents/carers of these enquiries.

However, there will be circumstances (outlined in the ICPC Interagency Guidelines) where it will not be good practice to discuss such concerns, but enquiries must still be undertaken in order to decide whether any action should be taken to safeguard or promote the child's welfare. Each case will be considered on its merits, and a decision taken by the relevant managers.

Child Protection Enquiries should be undertaken in the following circumstances (*this is not an exhaustive list*):

- Where information from a reliable source provides reasonable cause to suspect emotional harm and/or neglect as a result of domestic abuse.
- Where assessment of parenting capacity indicates that this has been seriously impaired.
- Serious injury of a carer, family member or child following suspected domestic abuse.
- Injury to a child during assault on his or her parent or when the child is attempting to intervene.
- Likelihood of harm to child, for example, mother hurt when holding baby, objects being thrown, or the use of a weapon.
- Life threatening behaviour by the perpetrator, such as attempted strangulation.



## Strategy meetings/discussions

- Where a referral received by the Assessment and Intervention Team is agreed (following checks) to be **potentially a child protection matter**, they should arrange a strategy meeting / discussion with the police, and any other agency involved, within three working days of the referral. The aim of this meeting includes deciding what action is required immediately to protect the child in line with the Guernsey and Alderney Child Protection Guidelines.

The Guernsey Police provide a history of their involvement with the family, where applicable, and the Assessment and Intervention Team and any other agencies provide all relevant background information which may assist with the enquiry.

- Decide whether child protection enquiries should be initiated, or continued, if it has already begun.
- Decide whether or not any joint investigation is to be carried out by the Guernsey Police and the Assessment and Intervention Team, including joint visits to the family.
- Discuss how to proceed in a way that will not place the child or others at further risk from the perpetrator.
- Agree what action is needed immediately, and in the short term, to safeguard the child(ren) and / or provide interim services and support.
- Agree what information about the strategy discussion will be shared with the family.
- Determine whether any legal action is required, or appropriate action to support the victim through any criminal prosecution or family law process.
- Consideration by the Police (and housing provider where appropriate) to safety planning, which could include 'target hardening' (extra security measures / sanctuary scheme), panic alarm, and tagging of address for previous incidents.
- The safety of the child and non-abusing parent should be protected during any contact arrangement with the abusive adult.
- Children should have a nominated adult with whom they can share concerns.
- The non-abusing parent should be provided with relevant information about agencies that can offer support.

- Where the perpetrator works with children, the impact on their employment should be addressed [*see Working Together 6.20-6.30*]

Note: possible outcomes could be continuation of Child Protection Enquiries, Core Assessment, or discontinuation. It may also entail a police investigation and consideration of prosecution.

### **Response by the Guernsey Police**

'The police are often the first point of contact with families in which domestic abuse takes place. When responding to incidents of violence, the police should find out whether there are any children living in the household. They should **see** any children present in the house to assess their immediate safety. There should be arrangements in place between police and Assessment and Intervention Team, to enable the police to **find out** whether any such children are on the child protection register.

The police are already required to determine whether any court orders or injunctions are in force in respect of members of the household. The Police refer all cases involving children and make no distinction between children in need and children at risk.

The Guernsey Police will pro-actively investigate all incidents that fall within the definition of domestic violence, including the gathering of all evidence that could support a successful prosecution.

Where children are living in the household or present during the incident, the police will notify the Assessment and Intervention Social Work Team of the incidents attended. Each notification will include a Risk Assessment in relation to *all* circumstances of the incident, not only related to children. The Risk Assessment will be summarised as High, Medium or Standard Risk, based on the Barnado's Multi Agency Domestic Violence Risk Identification Threshold Scale (**Appendix 2.**)

First Response Officers attending incidents should establish who has parental responsibility (PR) or care responsibilities for all children in the household.

Officers from the Public Protection Unit will follow up by making contact with victims in all high risk cases, and those where the offender has been arrested, to ensure that appropriate support is offered. This will include providing information about specialist domestic abuse services, and keeping victims and witnesses informed of the progress of any prosecution process.

Cases involving repeat victimisation, in particular, will involve Officers from the Public Protection Unit working closely with the victim and with other agencies to maximise safety and reduce the risk of further victimisation. Cases involving the risk of serious harm to children may involve the police in the joint investigation of Child Protection Enquiries with the Assessment and Intervention Team and other agencies.

### **Response by other agencies**

Whether the Assessment and Intervention Team is directly involved or not, practitioners involved with the family should:

- Follow the usual assessment and 'identify a 'Lead Professional' to be the first point of contact with the family, and to co-ordinate multi-agency working.
- Consider the need to make a referral to Assessment and Intervention Team if it is felt that a child has suffered or is likely to suffer serious harm.
- Talk to the non-abusive carer separately from anyone else, and support her to change her situation, while monitoring levels of risk to all those involved.
- Provide information on domestic abuse support services and refuge details, taking into account any cultural issues, and support to access those services.
- A safety plan should be developed with the non-abusive carer and children, to include strategies for keeping themselves as safe as possible, and what to do in an emergency ~ *see Appendix 3 for guidance on safety planning.*

If the family move to a refuge, or take up other specialist domestic abuse services, practitioners from other agencies should not 'back off' but see this as an important time to engage in good multi-agency working, to maximise the opportunities for change.

## Recording of information

Any information from the abused adult, children, other family, friends or agencies should be placed in the confidential section of the agency files, where this exists, and be considered as a confidential agency file. This is to avoid the perpetrator of the abuse gaining access to the whereabouts of the non abusing parent or the children, or gaining information that enables them to continue harassing/controlling the family.

## Domestic abuse where there is alcohol or substance misuse, learning difficulty or mental health concern

Domestic abuse should not be excused or minimised where any of these or other factors are present, which may be used by the perpetrator or others to deny or minimise his behaviour. Responsibility has to be placed with the perpetrator, as the effects are still the same for the non-abusive carer and any children. Communication is essential between agencies working with all members of the family, in order to share information about treatment underway, or needed, and to provide clear and consistent messages to the family.

A very useful reference is the new Stella Project Toolkit: ***Domestic Abuse, Drugs & Alcohol – good practice guidelines*** Greater London Alcohol & Drug Alliance, 2004.

### Safety Planning

Where families continue to live with the threat of domestic abuse, ongoing risk assessment should be accompanied by active safety planning with each member of the family, to strengthen their protective strategies.

This can be a very practical way of monitoring risk and continuing to engage in open communication about the domestic abuse, while they go through the process of changing their situation over time. If you require further information about safety planning, please contact the Domestic Abuse Strategy Co-ordinator on 717339.

**Multi-agency Risk Assessment Conferences (MARACS)** are meetings in which practitioners from a range of agencies share information and planning in relation to **high risk domestic abuse perpetrators and their victims**. This is a similar approach to the MAPPA panels already in use locally for high risk offenders of any kind (Multi-Agency Public Protection Arrangements).

Every high risk case can be taken through the MARAC process, and evaluations demonstrate how this multi-agency approach can prevent repeat victimisation and highlight the support needs of women and children. Where there is a conviction and the risk is considered high, there is already risk management through MAPPA, which may refer to a MARAC or may manage the case within the MAPPA structure.

MARACs are held fortnightly in Guernsey and involve all the key agencies involved with domestic abuse work plus agencies such as States Housing and Social Security. **For more information on the MARAC Risk Assessment Model, see Appendix 2.**

## 5: The role of Local Agencies & Support Services

Agency	Role of Agency
Islands' Child Protection Committee ICPC	<p>The ICPC is an interagency group that brings together representatives from each of the main organisations responsible for helping to protect children from abuse and neglect. It has responsibility for ensuring effective child protection services are in place and are working effectively to bring about good outcomes for children.</p> <p>Domestic abuse has been included explicitly within the Tier 2 Child Protection training 'Working Together' offered by Health and Social Services Department – Services for Children, in conjunction with the Education Department, since 2005.</p>
Options - Guernsey Domestic Abuse Forum	<p>Options is a multi-agency partnership set up to promote effective, joined-up responses to domestic abuse and deliver a zero tolerance message. It is comprised of staff members from all the key statutory and non-statutory criminal justice and social care agencies and charities.</p> <p>It provides a 24 hour helpline for victims of abuse and their friends and family, holds frequent awareness raising campaigns and offers free Tier 1 training on domestic abuse several times a year which is open to anyone wishing to attend.</p>
Assessment and Intervention Team AIT (Health and Social Services Department HSSD, Children and Maternity Services (CMS))	<p>The Assessment and Intervention Team undertakes assessments of children in need and investigations into suspicions of child abuse. Where necessary, they take action to protect children and their non-abusing parent. Domestic abuse is one of the factors that impacts on parenting capacity and is the subject of assessments.</p> <p>The AIT reviews all incidents of domestic abuse that are reported to the Police where there are children in the household.</p>
Family	The Family Partnership Team provides a range of support

<p>Partnership Team (HSSD, CMS)</p>	<p>services to children, young people and their families (s. 23 The Children (Guernsey and Alderney) Law 2008).</p> <p>The team is a group of support workers, social workers, student social workers and a health visitor who support families in the home and the Kindred Family Centre on Les Genats Estate.</p> <p>The Family Partnership Team aims to provide a preventative and supportive service in order to promote positive outcomes for children and families.</p> <p>Some of the work they cover includes:</p> <ul style="list-style-type: none"> <li>• Building positive relationships within the family</li> <li>• Establishing and maintaining routines and boundaries</li> <li>• Behaviour management</li> <li>• Positive Parenting (using evidence based approaches including The Incredible Years and Partners in Parenting Education)</li> <li>• Protective behaviours</li> <li>• Range of drop ins and groups for parents and children</li> </ul> <p>The team works in partnership with parents with the aim of empowering them to have more insight into their own and their children's needs and by helping them to develop and improve their parenting skills. The team is also able to work directly with children, sibling groups or the family as a whole.</p> <p>The team offers a multi-agency approach and has close links with many other health, social care and education professionals as well as voluntary groups.</p>
<p>Children's Post Abuse Therapeutic Service (HSSD, CMS)</p>	<p>Children's and Maternity Services offer a Post Abuse Therapeutic Service. The service provides children and young people with opportunities to process any abuse that has happened to them, either physical, sexual, emotional or neglect, including living with or witnessing domestic abuse.</p> <p>The work tries to change any distorted thoughts, negative feelings and inappropriate coping behaviours. Although some of</p>

	<p>the changes can be immediate, the aim is to affect long term changes which will impact on the rest of their childhood and help them fulfil their potential as adults. The therapeutic worker does not hold case work responsibility. Referrals can be made by any professional to the Therapeutic Services based at Swissville.</p>
Health Visitors (HSSD,CMS)	<p>Health Visitors often explore domestic abuse issues and effects when visiting their clients. Work may involve</p> <ul style="list-style-type: none"> <li>• Focusing on the women's safety and that of her children and developing safety plans.</li> <li>• Undertaking a risk assessment including identifying risks to the children.</li> <li>• Giving her information about domestic abuse and sources of help available, including the health risks that violence may pose to themselves and/or their children</li> <li>• Allowing women to talk about their experiences and providing support.</li> <li>• Clearly documenting any visible injuries and recording them in the health visiting record. Recording the incident on the chronology of significant events form in the health visiting record.</li> </ul>
Child and Adolescent Mental Health Services (HSSD, CAMHS)	<p>CAMHS is available to young people under the age of 18, their families and carers. It provides assessment and treatment for a wide range of problems related to mental health.</p> <p>This includes fear and anxiety, depression and low mood, behaviour problems, eating disorders and early onset psychosis.</p> <p>CAMHS work with young people individually, with whole families and with other professionals who are involved with young people (such as social workers, teachers and medical staff).</p> <p>The services that can be accessed through CAMHS include:</p> <ul style="list-style-type: none"> <li>• Family Therapy</li> <li>• Cognitive Behaviour Therapy</li> </ul>



	<ul style="list-style-type: none"> <li>• Developmental and ADHD (Attention Deficit Hyperactivity Disorder) Assessment.</li> </ul>
Maternity Services (HSSD, CMS)	The Maternity Service has introduced procedures for dealing with suspected domestic abuse in pregnancy. The service routinely asks pregnant women about domestic abuse during ante-natal checks.
Education Department	<p>Educational work on domestic abuse can contribute to primary prevention, to help tackle the underlying causes, raise awareness and help children both to seek and offer help appropriately. The Personal, Social, Health &amp; Citizenship Education curriculum (PSHCE) offers opportunities to engage with the issue.</p> <p>Education Services staff who have direct contact with children and families should be aware of the significance of domestic abuse in the lives of children. Staff should not only be alert to signs of physical abuse but also the emotional impact on children, and the range of potential abusers. All staff are offered the Options Tier 1 awareness raising training and specialist teachers, such as those involved in PSHCE and the School Child Protection Officer receive further training.</p> <p>The Education Department is developing a domestic abuse policy which is linked in to the Domestic Abuse Strategy for Guernsey and Alderney. All schools have a named School Child Protection Officer who staff report concerns to. The SCPO makes referrals when appropriate to the Assessment and Intervention Team.</p>
The Children's Tribunal System	The Child Youth and Community Tribunal system was introduced as part of the measures in the Children (Guernsey and Alderney) Law 2008. It is based on the Children's Hearing system that has been in place in Scotland since 1971. This system followed the report of Lord Kilbrandon and his committee in 1964. This found that children appearing before courts, whether they had

	<p>committed offences, or were in need of care and protection had common needs. The system of children's hearings, dealing with the majority of cases of children in trouble and in need has been successfully operating for over 30 years in Scotland.</p> <p>Some basic principles behind the hearings are:</p> <ul style="list-style-type: none"> <li>• The local community is in the best position to decide what should happen to children</li> <li>• Children who offend almost always have the same needs and background as children in need of care and protection</li> <li>• Children's needs and deeds must be tackled together if they are to be dealt with effectively</li> <li>• Disputed facts (e.g. whether the child is guilty of the offence charged) should be dealt with by a court, but once the facts have been established, a court, with its emphasis on formal procedures, is not the most appropriate place to look in detail at how best to deal with troubled children.</li> </ul> <p>Domestic abuse is likely to be a factor that the Convenor takes into account. It is likely that referrals will be made to other agencies as part of the tribunal process.</p>
Guernsey Police, Public Protection Unit	<p>The Public Protection Unit provides direct support to victims of abuse. It records all incidents of abuse where children are present. These cases are all referred to HSSD Children's Services, Assessment and Intervention Team.</p> <p>The Police also chair 'multi-agency risk assessment conferences' (MARAC) where representatives of key services share information and collectively determine actions and safety measures to protect the victim and family. Cases are referred to MARAC based on risk assessments. Only those cases deemed to be high or very high risk are subject to a MARAC. MARACs have</p>

	<p>good success in significantly reducing the rate of repeat victimisation among the highest risk cases.</p> <p>Safety equipment and security advice can also be provided by the Police to increase victim safety.</p>
Probation Service	<p>The Probation Service carries out the following activities relating to domestic abuse.</p> <ul style="list-style-type: none"> <li>• Contributes to sentencing decisions through the preparation of Pre-Sentence Reports on perpetrators for the courts.</li> <li>• Supervision of adult offenders (aged 21 years +) on Community Orders or subject to a prison sentence of one year or more</li> <li>• Monitoring and risk management.</li> <li>• Safety planning with service users who are victims of abuse.</li> </ul>
The Courts	<p>The Courts have three main roles in relation to domestic abuse:</p> <p><b><i>Civil Law Remedies:</i></b></p> <p>people experiencing domestic abuse can apply as private individuals to the Court for domestic violence injunctions (DVIs), which are legal orders to control the behaviour of the perpetrator. Applying for an DVI usually involves using an Advocate.</p> <p><b><i>Criminal Law remedies:</i></b></p> <p>There is no offence of domestic violence as such. An individual act may involve a criminal offence such as harassment, common assault, criminal damage, ABH, GBH, or even attempted murder. The courts only intervene when an individual or agency makes a statement of complaint to the police, and it falls to the <b>Law Officers of the Crown</b> to decide whether to prosecute the case, based on the evidence available.</p>

	<p>In addition, the Protection from Harassment (Bailiwick of Guernsey) Law includes civil and criminal remedies in respect of conduct which amounts to the harassment of another person. This includes putting people in fear of violence, alarming them or causing them distress. The Courts have powers to make restraining orders and breaches of non-harassment injunctions or restraining orders are criminal offences.</p> <p><b>Family Law Proceedings:</b></p> <p>The Children (Guernsey and Alderney) Law 2008 covers arrangements for the care of children. This includes :</p> <p><b>Residence Orders</b> determine who the child should live with, and <b>Contact Orders</b> state the terms for a non-resident parent or carer having contact. Concerns have been raised elsewhere about perpetrators of domestic abuse using contact with children to maintain some level of control over their mother, or in some tragic cases to abuse or kill the child once the contact arrangements 'move on' to unsupervised and overnight stays. The Guernsey Courts now follow a practice direction relating to domestic abuse and children. Any disclosure of an allegation of domestic abuse (when there are children in the family) to Advocates, the Safeguarder, or any other relevant person , means that the Court has to consider whether to hold a 'finding of fact' hearing if the allegation is disputed before any final order for residence or contact is considered.'</p>
The Safeguarder Service	<p>The Safeguarder Service was set up in January 2008, bringing together the services previously provided by the Court Welfare and Guardian ad litem services.</p> <p>The role of the Service is to:</p> <ul style="list-style-type: none"> <li>• Safeguard and promote the interests of children involved in family court proceedings and ensure that children's views are heard</li> </ul>

	<ul style="list-style-type: none"> <li>• Make recommendations to the courts on the best arrangements for children's care</li> <li>• Provide Guardians ad litem (now called Public Law Safeguarders) when requested to do so by the court</li> <li>• Offer a free mediation service to attempt to resolve disputes or disagreements outside of the court environment.</li> </ul> <p>It becomes involved when parents or carers are separating or divorcing and have not reached agreement on the care of their children; when children are being adopted; or when social services have become involved and children's safety is potentially at risk.</p>
Child Supervised Contact Service – Guernsey and Alderney	<p>Supervised Contact involves a trained Supervisor observing, facilitating, guiding and recording interactions between child and parent when a community parenting order is in place. This is due to risks or concerns around the safety and welfare of the child. The majority of community parenting orders will be in place due to domestic abuse. The Supervised Contact Service aim to ensure that contact is as positive and as beneficial an experience as possible for the child involved, and this often involves guiding or intervening in visits on behalf of the child/ren.</p>
Social Security Department	<p>The Social Security Department can provide financial support for victims of abuse and their children through supplementary benefit, as long as they fall within the eligibility criteria of the scheme.</p> <p>For those who qualify for the benefit, SSD can also help with rent and mortgage costs or provide help with the cost of the accommodation at the Refuge.</p> <p>Recipients of supplementary benefit may also be eligible for help with some of the 'target hardening' equipment, i.e. equipment to</p>

	<p>improve security such as replacement door locks, window locks and alarms and putting in measures to reduce the risk of fires. This is carried out in conjunction with the Police.</p>
Housing Department	<p>States Housing Department provides social housing for Islanders. There are strict eligibility criteria based on age, income and dependent children. Where victims of abuse meet the criteria for States housing, arrangements can be put in place to change the name on the Tenancy Agreement from that of the perpetrator, without having to vacate the property.</p>
Guernsey Women's Refuge	<p>Guernsey Women's Refuge is able to provide</p> <ul style="list-style-type: none"> <li>• A 24 hour helpline for support and advice.</li> <li>• Outreach support. Often women remain with an abusive partner, whilst considering their options. To assist with this process, members of GWR staff are able to meet with women, either at the Refuge or in the community and a time and location of their choosing in order to provide practical and emotional support. All such contacts are treated in confidence.</li> <li>• 24 hour emergency accommodation for women and their children (boys up to the age of 14). 5/6 rooms are available.</li> </ul>
Independent Domestic Violence Advisory Service (IDVA Service)	<p>The IDVA service is an adult focussed service aimed at enabling and empowering victims of abuse to take control of their lives by taking measures to increase their safety and that of their child(ren).</p> <p>IDVAs identify with their clients the risks that are posed to them and their extended family, (sometimes including work places and pets) and seek to put in place a strategy to address these highly</p>

	<p>individualised risks. The victim's knowledge of their (ex) partner is used to assist IDVAs to consider the behaviours and control typologies of their abusers so that we can mitigate and manage the abusers behaviours and limit their choices / ability to control. It is in enabling a victim to 'read' the situation we are able them to manage their safety better.</p> <p>Work frequently involves child protection interventions (often enabling victims to understand why agencies are concerned and what is expected of them – IDVAs do not vote at Child Protection Conferences) and safeguarding matters (specifically the risks posed post separation in child contact).</p> <p>When we can demonstrate risks have abated or that the victim is in control of managing risks that may never go away we can close the case. The service is accessed exclusively via the Police.</p>
Women's Aid Moving On Counselling Service	<p>Guernsey Women's Aid believes that everyone has the right to live free from fear &amp; abuse. Our "Moving On" counselling service is for anyone over the age of 18 whose life has been affected by domestic abuse &amp; who wishes to move on from the situation. We work to support every individual (male or female) in the belief that they deserve to be treated with decency &amp; dignity.</p> <p>The Moving On Counselling Service is free and can be accessed on 07781 133321 (voicemail )</p>
Victim Support and the Witness Service	<p>Victim Support offers emotional support, practical help and information to all victims or witnesses of any crime, including domestic abuse, whether or not the crime has been reported and regardless of when it occurred. The Scheme supports males and females of any age.</p> <p>The Witness Service is also run by Victim Support and offers support to witnesses, their family and friends before, during and after attending Court to give evidence. This includes visits to the empty courtroom in advance of the Court date in order to explain the procedure and answer any questions. There is a totally self-contained witness suite in which to wait that also has</p>

	<p>a video link for vulnerable and intimidated witnesses to give their evidence without physically having to enter the courtroom. Staff and volunteers are able to accompany a witness into the courtroom if required and can advise witnesses of the outcome of the trial.</p>
<p>Hampton Trust Independent Perpetrator Programme and Integrated Support Service</p>	<p>The ADAPT programme will run mixed referral groups with participants being referred by a variety of routes including self referral. All participants regardless of route into ADAPT will complete the same assessment for suitability and be expected to adhere to the same conditions of attendance.</p> <p>ADAPT aims to reduce domestic abuse and its damaging consequences by supporting and empowering the victims (including children) and working with the perpetrators to encourage them to take responsibility for and change their behaviour.</p> <p>ADAPT consists of a 30-week rolling group work programme for male perpetrators of domestic abuse who have been assessed as suitable and are motivated to change their behaviour. Running alongside the group work programme a Women's Safety Worker makes and maintains contact with the women whose (ex)partner is attending the programme providing information to her regarding the ADAPT material as well as support and signposting as required by each individual .</p> <p>Risk management is a priority for all staff within the ADAPT team, both at initial assessment and throughout the programme risk is assessed and reassessed using the CADDA Dash risk assessment tool.</p>
<p>Action for Children</p>	<p>Action for Children is able to support children and young people aged 16 to 25. Seven accommodation units (two flats and five bedsits) are available through a referral process, either by an agency or a self-referral. Short-term crisis accommodation can also be arranged. Support is also offered to help children and young people secure other independent accommodation. Workers also offer mediation support with families to enable</p>



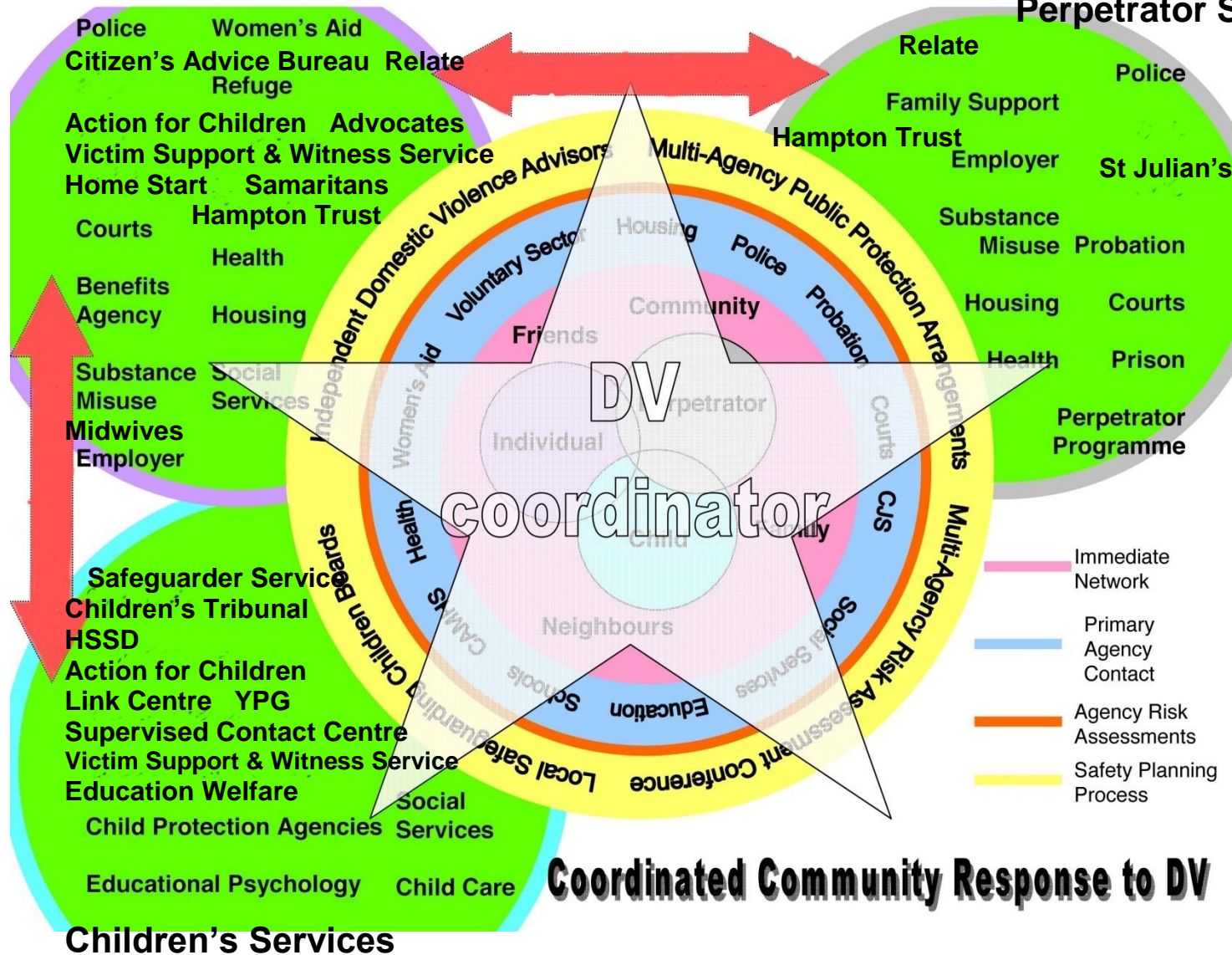
	<p>children and young people to remain at home or move on to independent living.</p> <p>In addition to accommodation support, Action for Children also runs the Karabiner Programme, which focuses on children and young people's personal development and helps them to identify and address any barriers to employment they may have.</p>
Maison St Pierre	<p>Maison St Pierre is able to offer accommodation for women and their children (boys only up to the age of 11) whilst awaiting/accurring points for States Housing (usually 6 months plus). Ten rooms are available for homeless women, referred by a range of other agencies. The accommodation is not provided on an emergency basis – all prospective residents initially meet with the manager to discuss their situation. As space is limited, priority is given to women with children, and women who are escaping abusive relationships. The charity is happy to take referrals from other agencies and works with the Refuge to offer accommodation to women who are moving on.</p>
Sarnia Housing	<p>Sarnia Housing was established as a charity to help homeless young families. Two houses are currently occupied by older people who have been resident upward of 25 years. The other two houses contain seven flats are available for young families as temporary emergency accommodation of nine months to one year, whilst awaiting/accurring points for States Housing. Tenants need to be able to provide £50 deposit plus one week's rent in advance. Wherever possible, priority is given to women in the Women's Refuge with children, but the accommodation is often full, with a waiting list.</p>
GPs	<p>In many cases of domestic abuse, general practice is the first formal agency to which victims present for help. However, direct disclosures of domestic abuse are rarely made with GPs and it has been estimated that only a quarter of women seeking medical help actually reveal that they have been abused. Many</p>

	<p>present to GPs with other physical symptoms as a means of indirectly seeking help.</p> <p>Early detection and appropriate intervention by medical practitioners can help to prevent future violent incidents and improve, and even save lives. GPs are in a good position to provide invaluable advice to victims of domestic abuse to protect and empower them to change their situation and to refer or signpost them to the local specialist services available.</p> <p>Doctors may become aware or suspect that somebody, such as a child or other vulnerable person, living with the victim is at risk of abuse. In this situation, the interests of that person are of paramount consideration, but the confidentiality owed to the victim cannot be disregarded. Nevertheless, knowledge or belief of abuse and neglect of a child or vulnerable adult is one such exceptional circumstance that will usually justify disclosure to an appropriate, responsible person.</p> <p>The General Medical Council (GMC) guidance document <i>Confidentiality</i> provides advice for protecting the patient and the BMA Medical Ethics Department has developed a <i>Confidentiality and disclosure of health information tool kit</i> to help identify the key factors which need to be taken into account when such decisions are made. This guide highlights that in the absence of patient consent a doctor can decide to make a disclosure in the public interest (based on the common law) where such a disclosure is essential to protect the life of the individual or a third party, or to prevent or detect serious crime.</p>
Citizen's Advice Bureau	<p>Domestic abuse often involves an element of financial control, leaving women and their dependents without resources. CAB can provide legal advice and advice on debt management.</p>

Legal Aid	The Guernsey Legal Aid Service provides financial support for legal cases relating to domestic abuse. When contacting an advocate, individuals who are unable to meet their legal fees are required to undergo a means test.
Alderney Accommodation	There is a safe house in Alderney for victims of abuse. This can be accessed through the Guernsey Women's Refuge or Guernsey Police.

## Victim Services

## Perpetrator Services



## 6: Useful Publications & Websites

### ***The Government's National Delivery Plan for Domestic Violence***

Home Office, 2005 ~ via website below

### ***Working Together to Safeguard Children***

Dept. for Education & Skills, 2006 ~ via DfES or ECM websites below

### ***Information Sharing: Practitioners' Guide, integrated working to improve outcomes for children & young people*** H.M.

Govt, 2006, via ECM website below

### ***Responding to Domestic Abuse: a handbook for health professionals***

Dept. of Health, 2005 ~ via website below

### ***Assessing the Risks to Children from Domestic Violence***

Healey & Bell, Barnardo's Policy & Practice Briefing No.7 N. Ireland, 2005

### ***Domestic Violence Policy & Standards***, CAFCASS, 2005 ~ via website below

***Guidance for Investigating Domestic Violence*** National Centre for Policing Excellence, 2004 ~ via ACPO website below

### ***Domestic Violence & Child Protection: Directions for Good Practice***

Humphreys & Stanley (Eds), Jessica Kingsley Publishers, 2006

### ***Children's Perspectives on Domestic Violence***

Mullender, Kelly, Hague, Malos & Iman, Routledge, 2002

### ***Children's Needs - Parenting Capacity: the impact of parental mental illness, problematic alcohol and drug use and domestic violence on children's development***

Cleaver et al, The Stationery Office, 1999

### ***Domestic Abuse, Drugs & Alcohol: good practice guidelines***

Stella Project Toolkit, Greater London Alcohol & Drug Alliance, 2004

### ***Domestic Violence: a guide to civil remedies & criminal sanctions***

### ***Improving safety, reducing harm: children, young people and domestic violence*** Department of Health

This toolkit provides specific information about children, domestic violence and related issues; an overview of Every Child Matters and the tiers of intervention; principles of commissioning services; risk assessment and safety planning information; guidance for schools; information about teenagers and their experiences of abuse and exploitation; clear explanations of key standards and policies; sample forms and key fact sheets.

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_108697](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_108697)

## **Websites**

### **National domestic violence information, policy and guidance:**

[www.womensaid.org.uk](http://www.womensaid.org.uk)

[www.lga.gov.uk](http://www.lga.gov.uk)

[www.homeoffice.gov.uk](http://www.homeoffice.gov.uk)

[www.acpo.police.uk/policies](http://www.acpo.police.uk/policies)

[www.dh.gov.uk/publications](http://www.dh.gov.uk/publications)

[www.cafcass.gov.uk](http://www.cafcass.gov.uk)

[www.barnardos.org.uk](http://www.barnardos.org.uk)

[www.nspcc.org.uk](http://www.nspcc.org.uk)

### **Women's Aid website for children and young people:**

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

### **National child assessment guidance:**

[www.everychildmatters.gov.uk](http://www.everychildmatters.gov.uk)

[www.dfes.gov.uk](http://www.dfes.gov.uk)

**CAFCASS Publications –**

<http://www.cafcass.gov.uk/publications.aspx>

**Dept. for Constitutional Affairs, 2003 ~ via [www.dca.gov.uk/family/dvguide03.pdf](http://www.dca.gov.uk/family/dvguide03.pdf)**

**Domestic Abuse Against Men in Scotland - <http://www.scotland.gov.uk/Publications/2002/09/15201/9609>**

## **APPENDIX 1: IMPACT OF DOMESTIC ABUSE ON ADULTS**

**Section 3** outlines indicators and impacts of domestic abuse for children ~ this Appendix outlines the corresponding indicators and impacts for adults, including men as victims and perpetrators.

### **Indicators from women**

- Fear or refusal to meet a social worker or other professional separately from her partner.
- Allowing her partner to speak for her.
- Alcohol or substance misuse.
- Frustration taken out on the children.
- Increasing isolation from friends and family.
- Decrease in self-care and care of children.
- Frequent attendance to GP or A&E.
- Unexplained or inconsistent explanations for, illnesses and injuries.
- Depression, self-harm or stress-related illnesses.
- Threatened and actual miscarriages.

### **Indicators from men (as perpetrators)**

- Control of finances.
- Alcohol and substance misuse.
- Control of women's movements and social contacts.



- Answering for his partner and other family members.
- Possible intimidating behaviour to other people, including professionals.

### **Indicators from men (as victims)**

- Fear of meeting a professional separately from partner.
- Allowing his partner to speak for him.
- Alcohol or substance misuse.
- Increasing isolation from friends and family.
- Decrease in self-care.
- Frequent attendance to GP or A&E.
- Unexplained or inconsistent explanations for, illnesses and injuries.
- Depression, self-harm or stress-related illnesses.

### **Other indicators**

- Abandoned calls to the Police.
- Repairs requested from housing providers.
- The ill treatment of animals.

**Effects on women**

- Physical injury and sometimes long term disability as a result of injuries.
- Detrimental effect on the ability to care for her child/ren.
- Lack of financial control, insufficient money for basic needs.
- Isolation or alienation from family members, and sometimes her own children.
- Alcohol and substance misuse, and offending behaviour.
- Loss of confidence, self esteem and problem solving skills.
- Loss of identity and withdrawal into herself
- Mental health problems, depression, self-harm, attempted and actual suicide
- Post Traumatic Stress Disorder (see above).
- Effects of sexual abuse.
- Death / attempted murder.

**Effects on men (as victims)**

- Physical impairment as a result of injuries.
- Detrimental effect on the ability to care for their child/ren.
- Lack of financial control, insufficient money for basic needs.
- Social isolation.
- Alcohol and substance misuse, and offending behaviour.
- Loss of confidence, self esteem and problem solving skills.
- Mental health problems, depression, self-harm, attempted and actual suicide.
- Death and attempted murder are rarer for men, and are usually perpetrated by a male partner or family member.

## APPENDIX 2: RISK ASSESSMENT & RISK MANAGEMENT

**Section 3** includes useful questions to consider when assessing ‘significant harm’ to children [page 14]. Where domestic abuse is involved, a broad and systematic approach to risk assessment is needed, with a clear focus on the risks posed by the perpetrator. **The key to responding effectively to domestic abuse is to understand risk assessment and safety planning as interlinked processes.** [*Appendix 3 provides more detailed guidance on safety planning.*]

There are a number of ‘tools’ being piloted nationally for risk assessment in relation to domestic abuse, but it may not be possible to create a single tool for all agencies, and the following general guidance is taken from a number of sources which explore **areas of risk and protective factors** in relation to perpetrators, victims (usually the child’s mother), and children.

CAFCASS have created their own domestic abuse assessment framework [[www.cafcass.gov.uk](http://www.cafcass.gov.uk)], and a useful model has been developed in the voluntary sector by Barnardos: ‘Assessing the risks to children from domestic violence’. This highlights 9 areas for assessment: the nature of abuse; the risk to the children posed by the perpetrator; risks of lethality; perpetrator’s pattern of assault and coercive behaviours; impact of the abuse on the non-abusive carer; impact of the abuse on the children; impact of the abuse on parenting roles; protective factors; the outcomes of the non-abusive carer’s past help-seeking.

Warnings have been raised about making risk assessment an interrogation around a ‘checklist’ which closes down trust, rather than **a dialogue which opens up the discussion about abuse**. Issues such as threats to kill, jealous and controlling behaviour, sexual abuse and isolation are not easily assessed without good, open communication. The pioneering Duluth Domestic Abuse Intervention Project recommends structuring dialogue around three questions:

- Do you think he will seriously injure you or the children? What makes you think that? If not, why not?

- What was the time you were most frightened or injured by him?
- Are things getting worse? Describe the pattern of the abuse (frequency, type severity, escalation).

The other areas highlighted as significant in understanding the risks posed by the perpetrator may also emerge through these questions. Establishing the protective strategies which have been used to date can also flow from it. In this process, perpetrator risk assessment can be used to establish a supportive relationship between practitioners and women affected by domestic abuse, while still keeping a focus on issues which are of crucial importance in protecting children.

### **The Guernsey Police**

The Guernsey Police guidance suggests that the purpose of risk assessment should be:

- to assess current and future risks to the non-abusive carer and any children
- to prevent escalation
- to prevent re-victimisation
- to enable the risk to be safely managed
- to enable the appropriate intervention and safety strategies to be implemented

In terms of **risk indicators**, the Guernsey Police, following UK Practice, use a standardised risk assessment form. This assessment is for use by agencies involved with victims of domestic abuse. If you require a copy of this form, please contact the Police Public Protection Unit on telephone 719457. A separate but similar risk assessment form is used by the Police.

The domestic abuse assessment involves an objective scoring system to determine levels of risk and so to determine the levels of intervention and protection a victim and children may need. It can also be used by the prosecuting services in the court process when considering bail and victim protection issues.

## APPENDIX 3: FINDINGS FROM RESEARCH

### National Findings

- Violence against women is major problem in the UK. Almost half of all women in the UK experience domestic violence, sexual assault or stalking, and 54% of rapes in the UK are committed by a non-abusive carer's current or former partner (*Domestic Violence, Sexual Assault & Stalking, Findings from the British Crime Survey, Walby & Allen, 2004*)
- In the same study, 13% of women and 9% of men reported being subjected to physical abuse from an intimate partner. Among people subjected to 4 or more incidents of violence from the same perpetrator, 89% were women, and 81% of all attacks were attacks on women. (*Walby & Allen, 2004*).
- Women are twice as likely to be injured, and three times more likely to report living in fear than men (*Mirlees & Black, 1999*).
- 1 in 4 women in the UK experience domestic abuse in their lifetime, and between 6 and 10% during a given year (*Council for Europe 2002*)
- In the UK the police receive over 570,000 calls related to domestic violence per year ~ one per minute on average. Less than 35% of domestic abuse crime is reported to the police. (*Home Office 2002*)
- Around 130 women are killed every year by a male partner or ex-partner in England & Wales alone ~ one every 3 days on average, or 2.5 per week (*Home Office, 2004*).
- 42% of all female homicide victims, compared with 4% of male homicide victims, were killed by current or former partner in England & Wales in the year 2000/1 (*Home Office*).
- Women experiencing domestic abuse are up to 15 times more likely to misuse alcohol and 9 times more likely to misuse other drugs than women generally (*Stark & Flitcraft 1996*)
- 50 to 60% of women using mental health services have experienced domestic abuse (*Women's Aid 2004*)

- There is a high correlation of homicide and abuse to women when separating from the violent partner especially if he believes he 'owns' her. The non-abusive carer's departure is seen as ultimate betrayal justifying retaliation (*Saunders & Browne 1990*).
- Women with uncertain immigration status (e.g. on spouse visa) have 'no recourse to public funds', so believe they are not eligible for the protection provided by refuges, and are forced to stay with abusive husbands (*Southall Black Sisters, 2004*).
- National research shows that, on average, 1 in 4 women experience domestic abuse at some time in their lives, and 1 in 10 women are likely to be living with domestic abuse at any point in time.
- In 40% to 66% of domestic abuse cases, the same man is directly abusing the children (Edelson, 1999).
- The majority of children know their mother is being abused, although mothers often believe that they do not. (*The Hidden Victims, NCH 1994*)
- In 90% of violent incidents of domestic abuse to their mothers, children were in the same or the next room. (*Stark & Flitcraft, 1984*)
- An estimated 16,000 (24%) of child contact applications involved allegations of domestic violence (*Association of Chief Officers of Probation, 1999*).
- 29 children are known to have been killed in the last 10 years as a direct result of child contact arrangements (*29 Child Homicides, Women's Aid, 2005*)
- Examination of an NSPCC team's case files revealed that in at least a third of 111 cases accepted for service (related to child abuse), domestic abuse was also an issue. When the researchers introduced a more detailed focus on domestic abuse in their work, which made it easier for children to talk about domestic abuse, and to be heard, this percentage rose to two-thirds.  
(*Hester & Pearson, From Periphery to Centre, 1998*)



- The *Messages from Research* study found that entrenched patterns of woman abuse were associated with poor outcomes in child protection and carer support
  - ~ worst outcomes at 20 month follow up were associated with:
    - failure to assess domestic violence as part of initial concern or ongoing risk
    - failure to offer post crisis support to women and children
- mothers were seen as secondary perpetrators, for failing to protect, even where they were the referrers
- deregistration was likely to be swift in cases of domestic violence, although the mother was unlikely to be in a position to protect the child  
(Farmer & Owen, 1995)
- of the 120 notifications of child death or serious injury made to the DoH each year, a large proportion of fathers & step fathers have a history of violence towards female partners (O'Hara, 1994)
- of 35 inquiries into child deaths, half were the result of physical attacks on children by men who were also abusing the mother ~ the man was known to have an unpredictable temper and apparent rages (Reder et al, 1993)

'Children's needs may be neglected whilst their mother is in an unfit state physically or mentally to attend to them: this is likely to improve once the non-abusive carer is safe.

The impact of domestic abuse on children is greater when the violence is combined with substance misuse, when children witness the abuse, are drawn into it, or feel they have to collude with concealing the abuse.'

*Children's Needs – Parenting Capacity, Cleaver et al, 1999*

In a study of 54 Women's Aid refuges 67% of refuges reported that women had been threatened during child contact arrangements, 28% stated that children had been threatened, and 33% of refuges reported incidents of a child being physically or sexually abused during contact visits. (*Women's Aid Briefing 1997*)

## LOCAL STATISTICS

**Domestic Abuse incidents reported to the Police have increased year on year as follows:**

2005	425 incidents (around 8 incidents per week)
2006	523 incidents (around 10 incidents per week)
2007	722 incidents (around 14 incidents per week)
2008	878 incidents (around 17 incidents per week)
2009	847 incidents (around 16 incidents per week)
2010	752 incidents (around 14 incidents per week)
2011	701 incidents (around 13 incidents per week)

As domestic abuse is historically an under-reported crime, the increase is more likely to be due with the increased publicity and awareness raising around the issue making it easier for victims to come forward and seek help rather than domestic abuse levels increasing.

### Repeat offending

2010	283 repeat incidents (38%).
2011	299 repeat incidents (43%)

### Children

Children were present at 235 incidents reported to the police in 2011 (33.5 % of all reported incidents)

### MARAC

In 2011, 132 cases were referred to MARAC. 171 children were discussed at these conferences in relation to these cases.

**Research Findings**

In Guernsey and Alderney the following number/percentage of children on the Child Protection Register were living with the parental factor 'known history of violence'.

Year	Total number of children on register that year	Known history of violence
2008	58	46 (79%)
2009	63	32 (51%)
2010	87	43 (49%)
2011	77	32 (42%)

## APPENDIX 4

### Barnardos Multi-Agency Domestic Violence Risk Identification Threshold Scales

Barnardos have introduced a Multi-Agency Domestic Violence Risk Identification tool which can be found at [http://www.londonscb.gov.uk/domestic\\_violence/](http://www.londonscb.gov.uk/domestic_violence/)

#### Guidelines for use

1. The risk of identification matrix is a tool to assist professionals (the term includes unqualified managers, staff and volunteers) to use the available information to come to a judgement about the risk of harm to a child. This may includes deciding that the available information is not enough to form a sound judgement about the risk.
2. Professionals who have not had specific training should, wherever possible, complete the risk identification matrix together with their agency's nominated safeguarding adviser.
3. A professional may have a lot or very little information indicating that domestic violence is taking place within the family. The professional should look across the whole matrix and tick the description/s of the incidents/circumstances which correspond best to the information available at the time. This is likely to mean ticking several descriptions.

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

4. Each scale has categories to assist professionals to think through whether the information is about the:

#### **Evidence of domestic violence:**

This is the most significant determinant of the scale of risk (moderate through to severe)

#### **Characteristics of the child or situation which are additional 'risk factors / potential vulnerabilities'**

These are the factors that may increase the risk of children suffering significant harm through domestic violence.

**Characteristics of the child or situation which are 'protective factors'**

Professionals should keep in mind that protective factors may help to mitigate risk factors and potential vulnerabilities.

5. A family's situation may mean that there are ticks under more than one scale heading e.g. moderate (scale 1) and moderate to serious (scale 2). Where this is the case, professionals should judge the risk to the child/ren to be at a higher level (in this case, scale 2) and plan accordingly.
6. Professionals should always keep in mind the possibility that a piece of information, currently not known, could significantly raise the threshold of risk for a child

## Endnotes

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<sup>i</sup> **Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children, 2006.**

<https://www.education.gov.uk/publications/standard/publicationdetail/page1/DCSF-00305-2010>

<sup>ii</sup> **Home Office consultation paper 'Safety and Justice' June 2003**

<http://webarchive.nationalarchives.gov.uk/20100418065544/http://www.homeoffice.gov.uk/documents/2003-cons-domestic-violence-cons/domesticviolence2835.pdf?view=Binary>

<sup>iii</sup> **The Cost of Domestic Violence – Sylvia Walby, 2004**

[http://webarchive.nationalarchives.gov.uk/20080910135031/http://equalities.gov.uk/research/cost\\_of\\_dv\\_research\\_summary.pdf](http://webarchive.nationalarchives.gov.uk/20080910135031/http://equalities.gov.uk/research/cost_of_dv_research_summary.pdf)

<sup>iv</sup> **CAFCASS toolkit:** <http://dera.ioe.ac.uk/6087/1/idoc.ashx%3Fdocid%3D0954af09-7ae7-40bf-aea2-c48876a68bff%26version%3D-1>

<sup>v</sup> **Domestic Abuse Strategy for Guernsey and Alderney 2009-12**

<http://www.gov.gg/CHttpHandler.ashx?id=3551&p=0>