



Fife Child Protection Committee



GOOD PRACTICE GUIDE

DOMESTIC ABUSE & PROTECTION OF CHILDREN



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1. Purpose of the Guidance

This guidance is for managers and practitioners in both adult and children services, working in all statutory and third sector agencies, services and organisations in Fife.

It will support your understanding of the impact of domestic abuse on children and non-abusing parents/carers when carrying out an assessment to determine risk. It will illustrate how risk should be managed to keep the child and the non-abusing parent/carer safe. It will highlight the importance of maintaining a focus on the person perpetrating the abuse and assessing any risk from on-going abuse. The Safe and Together principles and critical components of working with domestic abuse cases where there are children will inform this guidance. The Safe and Together model is a child-centred, perpetrator focused, survivor's strengths approach to working with domestic abuse cases. (Throughout this document survivors of domestic abuse will be referred to as the non-abusing parent/carer) Further information on this model can be found at <http://endingviolence.com/our-programs/safe-together>

This guidance is underpinned by the principles and values of **Getting it Right for Every Child (GIRFEC)** including:

- Putting the child at the centre – listening to their views, involving them in decision making;
- Working in partnership with families;
- Promoting the wellbeing of individual children;
- Taking a “whole child” approach;
- Building on strengths and promoting resilience;
- Providing help that is proportionate and appropriate;
- Supporting informed choice – helping children and families understand what help is possible and what their choices may be;
- Co-ordinating support; and
- Keeping the child safe.

For further information please refer to the [Fife Getting It Right for Every Child website](#).

Getting it right for every child calls for us all to work together to identify at the earliest possible stage where support is needed and to provide that support at the earliest opportunity.

Practitioners using this practice guidance will first and foremost work to the GIRFEC Practice Model. Central to the GIRFEC Practice Model are five questions that practitioners should routinely ask if concerned in any way about the growth and development of a child. These are:

- a) What is getting in the way of the child's wellbeing?
- b) Do I have all the information I need to help this child?
- c) What can I do NOW to help this child?
- d) What can my agency do to help this child?
- e) What additional help, if any, may be needed from others?

In addition this guidance supports staff to address the six key themes identified by the Child Protection Committee in respect of keeping children safe:

- Child at the centre
- Relationships between professionals, children and parents, supporting and challenging as appropriate
- Quality of assessment and planning and the need to consider cumulative concerns
- Information exchange/ Communication
- Early intervention and its interface with statutory services
- Professional support/oversight

To help you with these questions this good practice guide will give you details of specialist domestic abuse services along with practice tools. The risk assessment tool (SafeLives DASH) discussed later will give information on the level of risk associated with the domestic abuse situation the child finds themselves in. Using this along with the safety planning template will enable you to plan along with the non-abusing parent/carer and child for both their future safety, as safety should be central to any intervention in domestic abuse cases.

2. Background

This multi-agency guidance has been a collaborative piece of work with Fife Child Protection Committee and Fife Violence Against Women Partnership. It aims to give staff across agencies guidance on the complex issues of domestic abuse and the protection of children.

Framework

This guidance provides a framework which recognises:

- The gendered nature of domestic abuse which locates domestic abuse within the context of broader inequalities between men and women in Scotland.
- Responsibility for prevention and opportunities for action lies at individual, community and service level.
- The right of children and young people affected by domestic abuse to identify their needs, have their needs addressed and participate in developing services which aim to address their needs.
- The need for agencies to work across service boundaries, to place a child's safety and wellbeing at the heart of their response to domestic abuse and, in parallel, to ensure any action they take empowers and protects adult victims of domestic abuse while holding perpetrators accountable for their abusive behaviour.
- The need for agencies and planners to take into account the experiences of specific groups of women, children and young people affected by domestic abuse who may face additional discrimination to ensure any action is relevant and appropriate to them.

Definition

Partners in Fife recognise domestic abuse as gender-based abuse and adopt the Scottish Government's definition:

Domestic abuse (as gender-based abuse) can be perpetrated by partners or ex-partners and can include:

- *physical abuse (assault and physical attack involving a range of behaviour),*
- *sexual abuse (acts which degrade and humiliate women and are perpetrated against their will, including rape) and*
- *mental and emotional abuse (such as threats, verbal abuse, racial abuse, withholding money and other types of controlling behaviour such as isolation from family and friends).*

Domestic abuse is most commonly perpetrated by men against women. The existence of violence against men is not denied, nor is the existence of violence in same sex relationships, nor other forms of abuse, but domestic abuse requires a response which takes account of the broader gender inequalities which women face.

In accepting this definition, it must be recognised that children are witness to and subjected to much of this abuse and there is a significant correlation between domestic abuse and the impact on the emotional and physical wellbeing of children, including physical injury, physical neglect and sexual abuse of children.

The protection of the non-abusing parent/carer is fundamental to the protection of children and young people. [Equally Safe Scotland's Strategy to Prevent and Eradicate Violence Against Women and Girls 2016](#) highlights the importance of a sustained and strategic approach to challenging society's attitude, behaviours, and the values that perpetuate gender inequality and male violence against women and children.

The National Guidance for Child Protection in Scotland 2014, states that the impact of domestic abuse on a child should be understood as a consequence of the perpetrator choosing to use violence rather than of the non-abusing parent's/carer's failure to protect.

Context

Research has shown that:

- In 75% to 90% of incidents of domestic abuse, children are in the same or the next room.¹
- Children who live with domestic abuse are at increased risk of behavioural problems and emotional trauma, and mental health difficulties in adult life.²
- Domestic Abuse is one of the recognised [Adverse Childhood Events](#) (ACEs) impacting on future outcomes as an adult.
- The link between child physical abuse and domestic abuse is significant, with estimates ranging between 30% and 66% depending upon the study.³
- 1 in 5 women will experience domestic abuse at some point in their lives irrespective of age, religion, ethnic background, wealth or education.⁴
- 16-25% of all violent incidents recorded by the police are as a result of domestic abuse with one incident reported every minute in the UK.

Prevalence

Figures published by Scottish Women's Aid state that 100,000 children in Scotland experience domestic abuse.⁵

It is widely acknowledged that the majority of domestic abuse is not reported to the police and that women are likely to have been abused on average 35 times before involving the police. In 2016/17, 58,810 incidents of domestic abuse were recorded by the police in Scotland. In Fife (2016/17) there were 4,425 domestic abuse incidents recorded by the police.

Responding in a sensitive way, showing an understanding of the issues will encourage victims to disclose the abuse.

¹ (Hughes, 1992; Abrahams, 1994).

² World Health Organization, 'World Report on Violence and Health', ed. by Krug, Etienne G., et al., Geneva, 2002.

³ (Hester et al, 2000)

⁴ <http://www.scotland.gov.uk/Topics/People/Equality/violence-women/Key-Facts>

⁵ What You Need to Know www.Scottishwomensaid.org.uk

3. Legislative and Policy Framework

The principles and values of GIRFEC underpin this guidance and there is a range of legislation and policy for children and adult services including. The following are some of the key legislation, policy and guidance which inform practice in working with families affected by domestic abuse.

[The Children and Young People \(Scotland\) Act 2014](#)

Parts 4 and 5 of this Act have not yet been implemented. However good practice requires incidents of domestic abuse to be risk assessed and recorded as significant events in a Single Agency/Multi-Agency Chronology and fully considered as outlined in the guidance. The Child's Plan ensures multi-agency assessment and planning takes place within the context of one single plan.

(N.B. At time of publication, elements of the Named Person are under review due to a Supreme Court ruling, which the Scottish Government are revising.)

[Children's Hearing \(Scotland\) Act 2011](#)

Identifies domestic abuse as a ground for referral. A child can be referred to the Children's Hearing if the child has, or is likely to have, a close connection with a person who has carried out domestic abuse. A child is to be taken to have a close connection with the person if:

- The child is a member of the same household as the person or
- The child is not a member of the same household as the person but the child has significant contact with the person.

[National Guidance for Child Protection in Scotland 2014](#)

The key messages contained in the National guidance in relation to domestic abuse are:

- The impact of domestic abuse on a child should be understood as a consequence of the perpetrator choosing to use violence rather than of the non-abusing parent's/carer's failure to protect.
- When undertaking assessment or planning for any child affected by domestic abuse, it is crucial that practitioners recognise that domestic abuse involves both an adult and a child victim.
- Every effort should be made to work with the non-abusing parent/carer to ensure adequate and appropriate support and protection is in place to enable them to make choices that are safe for both them and their child.
- At the same time, staff should be maintaining a focus on the perpetrator and monitoring any risk resulting from ongoing abuse.
- Agencies should always work to ensure that they are addressing the protection of both the child and the non-abusing parent/carer.
- Protection should be ongoing, and should not cease if and when the abuser and the non-abusing parent/carer separate. Separation often triggers an escalation of abusive behaviour, increasing the risk to both the child and their non-abusing parent/carer.
- Any decisions made in regard to contact by social work services and/or the civil courts should be based on an assessment of risk to both the non-abusing parent/carer and the child.

The national guidance incorporates some of the key policy and guidance for the protection of children and young people including:

- Protecting children and young people: Framework for Standards, Scottish Executive, 2004; and
- The Children's Charter, Scottish Executive, 2004;

(**Appendix 1** for further information on legislation)

More information on the guidance can be found at <http://www.gov.scot/Publications/2014/05/3052/0>

4. Domestic Abuse within the Context of Protection of Children

Children living with domestic abuse are at increased risk of significant harm both as a result of witnessing the abuse and being abused themselves.⁶ Children can be affected by abuse even when they are not witnessing it or being directly subjected to abuse themselves.

The impact of living in a household where there is a regime of intimidation, control and violence differs by children’s developmental age. However, whatever their age, it has an impact on their mental, emotional and psychological health and their social and educational development. It also affects their likelihood of experiencing or becoming a perpetrator of domestic violence and abuse as an adult, as well as exposing them directly to physical harm.⁷

The impact of domestic abuse on a child will vary, depending on factors including the frequency, severity and length of exposure to the abuse and the ability of others in the household (particularly the non-abusing parent/carer) to provide parenting support under such adverse conditions. If the non-abusing parent/carer is not safe, it is unlikely the children will be.

Children frequently come to the attention of practitioners when the severity and length of exposure to abuse has compromised the non-abusing parent’s/carer’s current capacity to nurture and care for them. The best way to keep both children and non-abusing parent/carer safe is to focus on early identification, assessment and intervention. Managers and practitioners need to be aware of the signs of domestic abuse and routinely make appropriate enquiries.

Although research has consistently found that adults and children are often victimised in the same family, the different processes for addressing the abuse of women and children can result in separate decisions, not informed by each other.

Understanding the impact of domestic abuse on children



For children and young people living with domestic abuse, witnessing violence and other abusive behaviours to a non-abusing parent/carer can have a detrimental impact on a child’s emotional and physical development and overall wellbeing. A child or young person’s wellbeing is a core component of GIRFEC.

Domestic abuse can impact on each of the wellbeing indicators for children and young people, see table 1 for examples.

Each indicator of wellbeing is intrinsically linked, so there will be overlap and cumulative effects. It is important to gather the views of the children and young people in relation to their wellbeing.

For further information please refer to the [Fife Getting It Right for Every Child website](#).

⁶ Hester, M. and Radford, L. (2006) *Mothering Through Domestic Violence*

⁷ Stanley 2011; Holt et al. 2008. 2014 NICE Guidance Section 3.17 (page 28)

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| <p>Safe: children/young people are protected from abuse, neglect or harm at home, school and in the community</p> | <ul style="list-style-type: none"> ○ Children and young people’s physical safety is at risk due to living with perpetrators of physical violence. Children and young people sometimes step in to protect the non-abusing parent/carer. Even when violence is not directed at them, they could be physically hurt when the perpetrator is assaulting their parent/carer. ○ Children/young people’s understanding of their personal safety can be compromised due to lack of positive role modelling and a negative view of their self-worth. Seeing or hearing a perpetrator abusing their parent/carer makes children/young people feel unsafe. ○ Living with the perpetrator of physical violence can result in children/young people not attending activities outside the home, through fear, for example, of abuse occurring while they are out. ○ Being isolated from external activities can impact on children/young people’s safety by reducing their protective factors e.g. attendance at school and therefore their opportunities to disclose abuse. |
| <p>Healthy: children/young people have the highest attainable standards of physical health and mental health, access to suitable health care and support to make healthy and safe choices</p> | <ul style="list-style-type: none"> ○ Living with perpetrators of abuse can make children/young people feel anxious, fearful and stressed about what might happen next. This can induce various physical ailments including asthma, headaches, eczema, over eating, under eating etc. ○ Living with a perpetrator’s inconsistent parenting skills and being unable to predict the perpetrator’s response to normal activities like playing or even talking, can impact on children/young people’s mental health and wellbeing. ○ When children/young people are not able or not allowed by the perpetrator to take part in activities it can impact on their physical and emotional health and wellbeing. ○ The perpetrator may limit children/young people’s friendships. This can impact on their ability to build and sustain relationships with their peers. |
| <p>Achieving: children/young people are supported and guided in their learning and in the development of their skills, confidence and self-esteem at home, school and in their community</p> | <ul style="list-style-type: none"> ○ Living with a perpetrator of violence and abuse does not create a relaxed home environment conducive to learning, for example the freedom to make mistakes and learn from them. ○ Domestic abuse is a recognised adverse childhood event (ACE) having a long term impact on a child’s outcomes ○ The perpetrator of violence and abuse can disrupt children/young people’s education through not being supported to attend school regularly or through having to change schools as a result of moving house. Children/young people’s confidence and self- esteem can be affected, for example by being frightened to express any opinions for fear of it resulting in further abuse by the perpetrator directed at the non-abusing parent/carer, siblings or self. |

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| <p>Nurtured: children/young people feel cared for and nurtured by the people they live with. Ideally this will be in a family setting with additional help if required</p> | <ul style="list-style-type: none"> ● The perpetrator of violence and abuse does not create a nurturing and loving home environment in which children/young people can thrive. ● Relationships between the non-abusing parent/child/siblings can be damaged as a result of domestic abuse, for example the perpetrator may force children/young people to call the non-abusing parent/carer names or physically assault them. ● The perpetrator's actions can result in children/ young people becoming isolated from family and friends which can impact on their self-worth and understanding of their place in the world. ● Fear of the perpetrator's actions can result in children/young people's needs becoming secondary to his. |
| <p>Active: children/young people have opportunities to take part in activities such as play, recreation and sport- all contributing to healthy growth and development at home and in the community</p> | <ul style="list-style-type: none"> ● Children/young people can be too scared to leave the family home for extended periods, worrying about the perpetrator's actions against the non-abusing parent/carer or siblings. ● Moving house/schools regularly to avoid the perpetrator's abuse can prevent children/young people from accessing groups, activities and hobbies. ● Lack of confidence, self-esteem, encouragement and behavioural difficulties can prevent attendance at school or taking part in activities and thus reduce children/ young people's protective factors. |
| <p>Respected: children/young people are involved appropriately in decisions that affect their well-being - having their voice and opinion heard</p> | <ul style="list-style-type: none"> ● Children/young people's safety and well-being is not respected by perpetrators of violence and abuse. ● The perpetrator is unlikely to respect the needs and/or views of children/young people or create an environment whereby children/young people feel important or respected. |
| <p>Responsible: children/young people are encouraged to have an active and responsible role within the family, school and the community</p> | <ul style="list-style-type: none"> ● Children/young people's attendance at school can be disrupted either through fear of the perpetrator's actions against the non-abusing parent/carer while they are at school or through being actively prevented from attending school. ● The perpetrator's actions can impact on children/ young people's ability to participate and contribute to life at home, school and the community. ● A perpetrator does not provide positive role modelling when they abuse the non-abusing parent/carer. This can negatively affect children/ young people's development. ● Developmentally, children/young people may struggle to make sense of their role and position which can result in them being regularly removed, or ultimately excluded from school or local groups. ● Children/young people's social interactions and behaviour can be affected as a result of experiencing the perpetrator's use of violence and abuse. |

Included:

children/young people receive assistance to overcome social, educational, physical and economic inequalities and are accepted as part of the community

- A perpetrator's demands and behaviour can dominate life at home and inhibit the growth of social and educational development.
- Children/young people's ability to participate in activities out with the home can be affected. This can have an impact on their acceptance within the community. For example, the perpetrator may prevent involvement in social occasions due to these being seen as a dangerous time where the abuse might be disclosed.
- The perpetrator may deliberately restrict contact with family and friends. This leads to children/ young people, as well as the non-abusing parent/ carer, becoming isolated. People outwith the family unit may avoid contact if they don't understand the dynamics of domestic abuse.

We are all individuals and children's responses vary enormously. It is important to find out what children and young people have experienced as a consequence of the perpetrator's actions to gain an understanding of the possible impact of these experiences. Children will have been told, or from experience know, not to talk about the abuse in case it results in the abuse escalating.

Children and young people react in different ways and the relationship between the abuse and the effect it has on them can be complex and multi-faceted. Research tells us that if the non-abusing parent/carer isn't safe then it is unlikely that the children will be.

The non-abusing parent/carer may appear to professionals as inadequate and be using alcohol and/or drugs as a coping mechanism. It is important to acknowledge that it is the behaviour of the abuser that may create or exacerbate issues around mental health and/or substance abuse of the non-abusing parent. Professionals should have a strengths focused approach, and need to ask about the strategies already used by the non-abusing parent/carer to protect the child. This will give the professional a base to start from as they will know what already works and they can then work with the non-abusing parent/carer to plan for the future safety of the child/ren.

Children's Coping Strategies

Children develop complex strategies of survival to deal with the stress and adversity they experience. They are not passive victims of domestic abuse, but develop their own coping mechanisms. The survival strategies adopted by children living with domestic abuse are diverse. Factors which contribute to a child's resilience include the strength and stability of support through their networks of family and friends, from sources in their wider community and from their non-abusive parent/carer.

Some children's coping strategies will change over time and can include opposite behaviours. They may be clingy and withdrawn at one time to having difficulty regulating their emotions and behavior at another. Some children fear for their mother's safety and want to protect her all the time, they may refuse to go to school or feign illness so that they can stay at home with her. Some children have poor social skills and some have highly developed social skills.

Some children take on responsibilities in the home, such as child care for younger siblings and household chores in the hope that this will help to keep the peace. Others, especially older children, may adopt strategies aimed at self- protection including presenting an external front of courage in order to hide the fear and anxiety that lies beneath the surface.

Children often believe that they are somehow responsible for the abuse. They are aware that violence can stem from arguments over child care, children's behaviour / discipline or from resentment about the amount of time the non-abusing parent/ carer devotes to their children. Believing that they have in some way caused the abuse can lead children to modify their behavior eg by being quiet or perfect in the hope that this will prevent an episode of abuse. Even babies are reported to sense that changing their behaviour can have an effect on what happens in their environment.

Many children living with domestic abuse learn from an early age that it must be kept secret. The pressure of secrecy makes disclosure difficult for children, who may go to great lengths to hide the reality of what is happening. Children may be being sexually or physically abused by the same abuser and the presence of domestic abuse contributes to silencing them about their own or their sibling's abuse.

Risk Assessment

5.1 Assessment of Risk and Risk Management

Work with children and their families needs to be both supportive in character and investigative in approach. We acknowledge that intrusion in people's lives is sometimes necessary to support improvement and change their life circumstances, not least in instances of domestic abuse, when there are risks to both the child and the non-abusing parent/carers.

Risk is a complex notion that can create anxiety; however it is a core consideration of any intervention that is carried out with children and families. When carrying out assessment or planning for any child affected by domestic abuse, it is crucial to recognise that domestic abuse involves both an adult and child victim. As already highlighted, the impact of domestic abuse on a child should be understood as a consequence of the perpetrator choosing to use violence rather than the non-abusing parent's/carers' failure to protect.

Carrying out risk assessment for children and their families is a complex and demanding process. It includes not only the use of an appropriate risk assessment framework and tool, but also the knowledge base and skills to inform professional analysis and evidence-based decision making. For work with families affected by domestic abuse this includes:

- Understanding of single and multi-agency roles and responsibilities towards children and adults experiencing domestic abuse;
- Knowledge of child development and the impact of domestic abuse on children;
- Awareness of the latest thinking on how domestic abuse affects children and how it can interact with other risk indicators, for example substance misuse, parental mental health, sexual abuse, neglect;
- Availability of different tools for identifying risk and the appropriate action to take;
- Effective existing and new approaches to support children, non-abusing parents/carers and addressing behaviours with abusers.

Effective existing and new approaches to support children, non-abusing parents/carers and addressing behaviours with abusers.

5.2 The National Risk Framework – to Support the Assessment of Children and Young People

The National Risk Framework was published in November 2012, based on three risk components that build upon the GIRFEC practice model – Risk, Resilience and Resistance (3Rs). These three risk factors need to be considered when undertaking any assessment of need/risk, including when assessing and analysing the impact of domestic abuse on children.

Risk

Risk indicators are those factors in the child's circumstances or environment that may constitute a risk, hazard or threat to the child. The My World Triangle and Wellbeing Indicators support practitioners to explore needs and risks across the three domains of a child's life:

- How I grow and develop
- What I need from people who look after me; and
- My wider world

Resilience

Resilience has been viewed as 'normal development under difficult conditions' (Fonagay et al 1994). Focusing on the positives and the strengths in a child's life is likely to help improve outcomes by building the protective network around the child and the self-protective potentials within the child (Daniels B. & Wassel S. 2002). At the same time it is important to be alert to factors of adversity or vulnerability, which may potentially impact on a child's wellbeing and the interaction of these factors with any identified resilience and protective factors.

Resistance

This relates to families who, for whatever reason, are or may be difficult to engage (see Fife [Guidance for practitioners working with hostile and/or non-engaging parents and carers](#)). This may present through the family's aggression, conditional compliance, refusal to co-operate, intentionally missed appointments and other forms of avoidance, or it may be masked by superficial engagement and co-operation. There may also be unintended barriers to engagement that arise as a direct consequence of an individual's circumstances, such as mental health, disability, substance use. The common feature in all cases is resistance to change and an inability / unwillingness to acknowledge and or address the risk/s to the child.

Before concluding that a family is resistant, practitioners should:

- Respect the right of any parent/carer to challenge any professional's interpretation of events, assessment of their child's needs or assessment of the risk to the child;
- Confirm that the parents/carers understand the professional's concerns and what is expected of them relative to these;
- Assess what, if any, contribution the service approach and/or interventions may make to this.

Risk assessment is therefore a complex task in which workers need to '*... balance an empathic approach with a bounded authoritative approach which avoids over-optimism and scrutinises apparent parental compliance*' (Sen and Green Lister 2011)

The National Risk Framework applies the concept of the 3Rs within the context of GIRFEC, assessment, analysis, planning, action and review. It identifies a number of tools which practitioners and managers may find helpful when assessing and managing risk for children in challenging circumstances including domestic abuse. There are other specialist tools for carrying out risk assessment that focus on specific family/ environmental circumstances for example, parental alcohol and/or drug misuse.

5.3 Risk and Significant Harm

Early identification and proportionate intervention of any circumstances which impact on a child/young person's wellbeing and development is central to assessment, planning and review. When there is assessment of risk of significant harm, child protection measures need to be considered.

The National Guidance for Child Protection in Scotland (2014) sets out a definition of risk and significant harm that underpins any assessment of risk for a child. The guidance as a whole should be used in conjunction with local single agency child protection procedures.

As defined in the guidance, risk is the likelihood or probability of a particular outcome given the presence of factors in a child or young person's life. Risk is part of everyday life, some risks are deemed acceptable for example a toddler learning to walk is likely to be at risk from scrapes and stumbles. Risks can be reduced by parents/carers or through the early intervention of universal services. Only where risks cause, or are likely to cause, significant harm to a child would a response under child protection be required.

Significant harm is complex and subject to professional judgement and multi- agency assessment. Significant harm can result from a specific incident or a series of incidents or an accumulation of concerns over a period of time. It is essential that the impact or potential impact on the child takes priority and not simply the alleged abusive behaviour.

Harm is defined in the guidance as *the ill treatment or the impairment of the health or development of the child, including for example, impairment suffered as a result of seeing or hearing the ill treatment of another, as could be the context of domestic abuse*. In this context development can mean physical, intellectual, emotional, social or behavioural development and health can mean physical or mental health.

Whether the harm suffered, or likely to be suffered, by a child is significant is determined by comparing the child's health and development within what might be reasonably expected of a similar child. Within the context of child protection, abuse or neglect need not have taken place, it is sufficient for a risk assessment to have identified the likelihood or risk of significant harm from abuse or neglect.

If you are concerned that a child or young person may have been harmed or may be at risk of harm, it is essential that you share your concerns.

All cases of suspected or alleged child abuse should be notified to the Social Work Service (Tel No 03451 551503 or Emergency Out of Hours on 03451 550099) unless the child is in immediate danger then call the Police.

If you consider a child(ren) or young person to be in IMMEDIATE danger, DO NOT wait, call Fife Police 999 or Tel: 101

The [Child Concern Notification Form](#) for use by all agencies in Fife has been developed for the purpose of recording details of concerns. The form should be completed wherever possible and submitted in accordance with the accompanying guidance.

If you have any suspicion whatsoever that a child is in 'immediate danger' and you tick the 'yes' box on the [Child Concern Notification Form](#) then you should not pause to complete this form. You should immediately contact the police advising them of your concern, in order that urgent action can be taken to assess and address your immediate concern. The form can be completed later and sent to Social Work Services Contact Centre at SW.Contactctr@fife.gov.uk

5.4 Domestic Abuse Risk Assessment

In cases of domestic abuse it is very important that a specific domestic abuse risk assessment tool is used along with The National Risk Assessment Framework for children. The nationally recognised tool for domestic abuse has been developed by SafeLives and the tool is referred to as Domestic Abuse, Stalking, Harassment and "Honour" Based Violence (DASH) – **SafeLives DASH**. ([Appendix 2](#)). The non-abusing parent / carer should be asked about their perception of the risk posed by the perpetrator - this will be linked to the Risk Identification Checklist - see SafeLives <http://www.safelives.org.uk/practice-support/resources-identifying-risk-victims-face>

The SafeLives DASH is not a specific child protection tool, it is complementary and should be carried out with the non-abusing parent/carer. It helps identify the perpetrator's abusive behaviour and the level of risk they pose to the non-offending parent and the child/ren.

The questions on the checklist should be asked of the adult victim and will identify the risk posed by the person carrying out the abuse.

5.5 Child Contact as a Risk Factor

Parenting involves both mothers and fathers and parenting by a violent and abusive father also needs to be taken into account. As noted in 'Picking up the Pieces: Domestic Violence (2012)',⁸ a number of studies have shown contact as a route to continue the abuse by manipulation of children – making negative comments about their mother, telling them to repeat abusive messages, probing for details of her activities and relationships.

Few violent fathers understand violence against women as emotionally abusive to their children (Harne 2003;2011)⁹ and fathers who are violent to their partners are on average less engaged with their children and often provide inconsistent physical care (Harne 2003)

Child protection practice in relation to men who physically abuse requires that assessment of parenting should always include an assessment of the father figure in the family. It is important to support the woman and child whilst ensuring the abuser is visible and accountable. By doing this we will get better protection for the woman and the children. The connection should be made in staff's minds that there may be male violence to the mother when physical or sexual abuse to a child is discovered.

6. Creating Child-Centred Perpetrator Focused Practice

It is recognised that in some instances children will have to live apart from the non-abusing parent to keep them safe, however, as stated in the National Guidance for Child Protection in Scotland 2014 every effort should be made to work with the non-abusing parent to ensure the safety and wellbeing of the child. To do this effectively it is essential risk and safety assessments include the perpetrator's behaviour/ pattern of coercive control.

When working with domestic abuse cases where there are children it is important that we look beyond the gender based expectations of parenting and hold fathers who abuse to the same high standards of parenting as non-abusing parents, usually mothers.

The domestic abuse perpetrator and his behaviour are the foundational source of the risk and safety concerns for children, not the adult survivor or her behaviour. This guidance promotes the position that the perpetrator's behaviour, not the relationship or living arrangements, is the source of the domestic abuse. **This is of great significance as child safety and wellbeing is not automatically resolved by ending the relationship or a change in living arrangements.**

For good practice to be undertaken in domestic abuse cases the Safe and Together model **principles** and **critical components** should be applied.

Safe and Together Principles

- Every effort should be made to keep child Safe and Together with non-abusing parent.
- Partnering with non-abusing parent as default position.
- Intervening with perpetrator to reduce risk and harm to child

⁸ Picking up the pieces: domestic violence and child contact. Rights of women and CWASU 2012

⁹ Harne, L (2003, 2011) Violent fathering and the risks to Children: The need for Change Bristol: The Policy Press

Safe and Together Critical Components

These 5 components describe the information that is needed to make a full assessment in cases of domestic abuse where there are children. It is important the questions are asked in the following order – start by focusing on the perpetrator:



1. **Perpetrator’s pattern of coercive control**
2. **Actions taken by the perpetrator to harm the child**
3. **Partnering with Survivors - identify their full spectrum of efforts to promote the safety and wellbeing of the child**
4. **Adverse impact of the perpetrator’s behaviour on the child**
5. **Role of substance abuse, mental health, culture and other socio-economic factors**

1. Perpetrator’s pattern of coercive control

What do we know, from all possible sources about the perpetrator’s pattern of coercive control and actions taken to harm the children?

Possible sources of gathering this information can include child care records, criminal background checks, the adult survivor, the child survivor, partner agencies, family, friends, service providers, justice services.

When seeking information from the non-abusing parent about the perpetrator’s pattern of abusive behaviour here are some questions you may want to consider compared to questions about a violent incident.

| About Pattern | About violent incident |
|--|--|
| <ul style="list-style-type: none"> • Does (your partner) try to control things? If so, what? • Who makes decisions about the children and the finances? • What types of names does (your partner) call you? • Has (your partner) ever said what would happen if you left him? • Has (your partner) ever threatened to hurt you or the kids? | <ul style="list-style-type: none"> • Can you tell me what (your partner) did that led to the arrest? • Have there been times when (your partner) has put his hands on you? • Have you felt afraid before? What led to that? • What was the worst of the times (he’s) put his hands on you? |

2. Actions taken by the perpetrator to harm the child

How has the perpetrator harmed the child? Actions taken by the perpetrator to harm the child can take a number of forms including:

- Exposure to the abuse.
- Using children as a weapon against the children’s other parent.
- Undermining the other parent’s parenting efforts.
- Accidentally causing physical harm to children as a result of the violence towards the non-offending parent.
- Physical/ sexual/ emotional abuse or neglect perpetrated directly against the children.
- Secondary effects of violence/abuse on the family.

3. Partnering with Survivors - identify their full spectrum of efforts to promote the safety and wellbeing of the child.

When engaging with the non-abusing parent/carer we should work from a standpoint that there is a shared goal of keeping the child/ren safe.



The message you want to convey is that you know that the abusive behaviour is not her fault and that you are here to help. A good introduction to discussing the abuse and planning for safety is:

“I’m concerned about your partner’s (or ex-partner’s) behaviour and how this is impacting on you and your children’s safety. Can we work together to make a plan for your future safety?”

Good practice is based on:

- A shared goal of keeping children safe
- Focusing on strengths
- Identifying protective efforts
- Focusing on perpetrator’s choices as source of harm
- Planning based on survivors experiences and strengths

Language choices are very important if workers are to ensure meaningful engagement with non-abusing parents, which is centrally important in planning for the children’s safety.

A comparison of questions using blaming language and non-blaming language are given below.

| Blaming language | Non-blaming language |
|---|---|
| <ul style="list-style-type: none"> • Why haven't you left? • How did you trigger him (or what were you doing before he got violent)? • Didn't you know he was going to be violent? • It's your job to protect the children. • You're choosing him over the children. | <ul style="list-style-type: none"> • Has (your partner) ever interfered with you trying to leave? • What was he like before he was violent? • I'm concerned that his behaviour is harming the children. • It's clear you've tried to protect the children but he's chosen to hurt them. |

The main purpose of interviewing a non-abusing parent is to gather information, validate the survivor’s experience and plan

a) Information gathering

The information we gather gives us important details in terms of the perpetrator’s pattern of abusive behaviour and helps workers identify risk and plan for safety. There will also be information gained that will tell you the specific impact of the abuse on that individual child plus the protective efforts/ strengths of the non-abusing parent.

b) Validation

Validation supports partnership with the non-abusing parent. Workers will learn the non-abusing parent’s successful strategies for keeping children safe and well, and their desire to protect children.

c) Planning

Plans should be specific to the risk posed by individual perpetrators. By working with the non-abusing parent you can build on what is already working and workers can develop plans to address risk and promote safety. Also, plans for interventions with the perpetrator are based on the children’s needs.

Questions to learn about risk

When identifying risk in domestic abuse cases it is important to know about the domestic abuse incident/s but it’s crucial that we know about the pattern of coercive control. The questions detailed below will help practitioners with this.

| About a pattern of coercive control | About violence/ incident |
|---|---|
| <ul style="list-style-type: none"> • Does (your partner) try to control things? If so, what? • Who makes decisions about the children and the finances? • What type of names does (your partner) call you? • Has (your partner) ever said what would happen if you left him? • Has (your partner) ever threatened to hurt you or the kids? | <ul style="list-style-type: none"> • Can you tell me what (your partner) did that led to that arrest? • Have there been times when (your partner) has put his hands on you? • Have you felt afraid before? What led to that? • What was the worst of the times (he’s) put his hands on you? |

To start your plan with the survivor it’s important to make an assessment of protective capacity. Here are some assessment questions you can use.

1. Can you tell me what a “normal” day is like?
2. What is your partner like before he’s violent?
3. What has been helpful to you in the past when you’ve seen that?
4. What have you tried that did not feel helpful?
5. What else do you need to keep yourself and your kids safe?
6. Who else knows about your partner’s behaviour?
7. Who can help you in an emergency?

4. Adverse impact of the perpetrator’s behaviour on the child.

When working with domestic abuse cases where there are children we need to consider the perpetrator’s abusive behaviour to his partner and how the abuse of the primary attachment figure impacts the child, this can be described as pathways to harm. *Appendix 3*

The impact of the perpetrator's abuse on the child/ren will be different at each age and stage of development. If you need more information on this a useful resource is "[Little Eyes, Little Ears](#)" Baker Cunningham 2007

5. Role of substance abuse, mental health, culture and other socio-economic factors

We know from significant case reviews (SCR) that domestic abuse, substance abuse and mental health can all occur in one family and sometimes SCRs refer to this as the "toxic trio". The following points are useful to consider in such circumstances:

- Co-dependency is not a useful or accurate concept for describing domestic abuse victims.
- For victims - "denial" has different and similar functions when it relates to domestic abuse versus substance abuse.
 - Different: avoiding new violence and abuse; protecting children; protecting from re-victimisation by others.
 - Similar: avoiding feeling shame.
- A victim's recovery or mental health is her responsibility. She is not responsible for her partner's violence or cessation of violence.
- A domestic abuse perpetrator's substance abuse or mental health issues can be an aggravating factor to his abuse and control but is a separate issue. That said, his violence and abuse are unlikely to get better without him being in recovery and/or treatment.
- Substance abuse and mental health services may not screen for domestic abuse so their formulation of the case may not fully consider issues of safety.
- If a domestic abuse perpetrator is in recovery or treatment he may remain abusive and controlling. Cessation of use does not guarantee a cessation of abuse. In fact, he may use his recovery as justification for control e.g. "I need to go to my meetings, put my recovery in front of everything else."
- A victim who is an addict or has mental health issues may be more vulnerable to the domestic abuse perpetrator because of her addiction/ diagnosis. She may:
 - Not be able to call police to protect herself from the violence.
 - She may lack support from family and friends due to substance abuse or mental health related behaviour, e.g. lying, stealing, unreliability.
 - May not be believed about abuse and violence because of her history of substance use or mental health issues.
 - Be perceived as a "less worthy" victim.
 - Self-blame - and the blame from others makes it less likely she will reach out for help.
 - Not be able to access traditional domestic abuse services because she is actively using or has left / been asked to leave refuge due to her substance use or mental health.
 - Attend the same services as the perpetrator or he may be able to keep track of her through his friends in the services.

7. Safety Planning

7.1 Principles of safety planning

Within the context of safety planning the focus is usually on the non-abusing parent/carer. When considering the safety of child/ren in domestic abuse situations it is essential to consider the non-abusing parent/carer's safety too as their safety is critical to the safety of the child/ren.

Professionals should partner with the victim to build a collaborative safety plan which utilises the victim's particular knowledge of the perpetrator's pattern of behaviour, and experience of that behaviour, to determine what will and will not work in terms of safety planning. They should be encouraged and given support to develop their own safety plan and a safety plan for the child/ren. [Appendix 4](#)

When supporting non-abusing parent/carer and child/ren to develop a safety plan an empowering model of working, active listening skills and a non-judgemental attitude should be adopted. The responsibility for the abuse lies with the abuser - not the victim / survivor and not the child/ren -although often they will feel some responsibility and are likely to have been told this by the abuser.

The messages you want to convey is that you know that the abusive behaviour is not her fault and that you are here to help. Useful things to consider when safety planning include:

- What does she need to be safe? This applies to both the non-abusing parent/ carer and the child/ren
- What has she/they done or considered in the past to keep safe?
- Who would she/they like to make contact with now? What can you do to help that to happen?
- What are the available options?
- What does she want to do to protect herself and any child/ren?
- How will we go about the process of drawing up a safety plan? You may find it useful to use the [Child's Plan](#)
- How will this be monitored - and how often? Ensure that plans are made for further contact and information is provided on local and national sources of support.

Anyone concerned that a child may be at risk of abuse should follow [Fife Child Committee inter-agency child protection guidance](#).

Safety planning needs to consider how the perpetrator will react to any actions taken as part of the plan e.g. changing phone number or locks. This could help predict any higher risk situations or times and may help establish patterns of abuse.

A protective factor for some women can be calling the police however, it should be acknowledged that this can be difficult for women and ongoing support should be available. See Appendix 5 - "What happens when domestic abuse is reported to the Police".

7.2 Support to children

It is important that practitioners who work with children who have experienced domestic abuse enhance the child's individual resilience and coping strategies.

While the impact of domestic abuse on a child or young person's physical, psychological and emotional health can be both profound and enduring, long- term damage is not inevitable. The right kind of support, provided at the right time, can reduce the impact of domestic abuse on children's present and future wellbeing. CEDAR Fife and Fife Women's Aid can offer specialist support and recovery services.

McGee's (2000) study *identified "fear, powerlessness, depression or sadness, impaired social relations, impacts on the child's identity, impacts on extended family relationships and their relationship with their mother, effects on education achievement and anger, very often displayed as aggressive behaviour. The child's relationship with the father or father figure is also clearly affected by the abuse to the mother."*

Even very young children are aware of violence occurring around them and can be adversely affected, although they cannot necessarily make sense of it at the time.

The impact is mediated by many different resilience variables including self- esteem, the timing of incidents, the child's ability to attach meaning to and make sense of events, and the child's relationships with others (Rutter 1988).

It has to be recognised that there is no uniform response to living with domestic violence or other forms of abuse (Hester et al 2006).

Mullender et al (2002) from their research on children's perspectives on domestic abuse, found that two aspects, both involving children's active participation, were especially crucial to children's ability to cope:

- Being listened to and taken seriously as participants in the domestic abuse situation.
- Being able to be actively involved in finding solutions and helping to make decisions.

For those children and young people who require a Child's Plan, it is essential that parents/carers and child or young person are included in devising this plan and fully understand how the plan is going to support them through multi-agency involvement in identifying and reducing risks to keep them safe.

A supportive caring relationship with a non-abusing parent/carer - being able to talk to the non-abusing parent/carer about the abuse or living with domestic abuse can be helpful. Mothers may find it difficult to talk to children about the abuse, believing this to be protective and/or because they are unsure how to do this (McGee 2000). Children themselves describe trying not to let on how much they know because they were not supposed to talk about it and that their mothers had enough to deal with. It is important to help develop open communication between mothers and their children.

The best protective factor for children and young people is to support the non-abusing parent/carer and view them as a team.

Children trying to cope with the fear and uncertainty of domestic abuse describe their needs in simple terms, they want:

- Their mother to be safe.
- The abuse to stop.
- To be safe.
- Someone to listen to them.
- Someone they can trust to help them.
- To make decisions when they are ready.
- Someone to help them overcome the disruptions to their lives.

In supporting children you should:

- Empower the woman to protect herself as best she can.
- Enable her to protect her children.
- Listen to what children have to say and what they want. Also take account of what they *don't* say.
- Allow children to take things at their own pace, respect their feelings.
- Challenge in a positive way (they are not to blame for the perpetrator's behaviour).
- Assess the child's immediate safety needs.
- Develop a personal safety plan with the child, which reflects their age and understanding.
- Provide support and services which take account of children's cultural/ethnic needs.
- Provide resources to minimise disruption to the child's life.
- Provide services to help them recover from the experience of abuse e.g. confidential services.
- Involve children in shaping and supporting services.

7.3 Domestic Abuse and Young Women

5% of all domestic abuse incidents reported involve young women aged between 16-18 years old, with many more going unreported. This statistic was obtained from the Police Scotland website (2016) in relation to domestic abuse and young relationships via <http://www.scotland.police.uk/keep-safe/advice-for-victims-of-crime/domestic-abuse/domestic-abuse-in-young-relationships/>

There are a range of reasons why incidents going unreported, including not recognising what constitutes domestic abuse? It is useful to consider that:

- Domestic abuse is not always physical violence but includes controlling, humiliating, sexual abuse, damaging belongings, threatening via social network sites and text messages
- Values around the need and importance of remaining in a relationship - to love and be loved can be powerful
- Certain types of behaviour may be accepted due to experience of past abuse.
- There may be a fluidity of relationships with partners/peers/carers/parents
- Young women seen as troublesome and challenging, malevolent, intractable and recalcitrant may have poor relationships with professionals. [Burman \(2013\) Domestic Abuse, Young Women and Youth Justice](#)

8. Links to Adults at Risk of Harm

Whilst working to safeguard children, staff should also be aware of the legislation that can be utilised in terms of supporting and protecting an adult who may be at risk of harm. This is whether in relation to domestic abuse and/or supporting and protecting them from further harm, or where harm is considered serious, the use of Protection Orders, in particular a Banning Order or Temporary Banning Order, to ban a perpetrator from a specific place, area or location.

The Adult Support and Protection (Scotland) Act 2007 <http://www.legislation.gov.uk/asp/2007/10/contents> was implemented in October 2008 and specified new measures to identify and protect “adults at risk of harm” whilst working alongside the Adults with Incapacity (Scotland) Act 2000 and Mental Health (Care & Treatment) (Scotland) Act 2003.

An Adult at risk of harm is aged 16 and over and is:

- a) unable to safeguard their own wellbeing, property, rights or other interests;
- b) at risk of harm; and
- c) because they are affected by disability, mental disorder, illness or physical or mental infirmity, are more vulnerable to being harmed than adults who are not so affected.

The legislation also specifies that an adult is at risk of harm if:

- Another person’s conduct is causing (or is likely to cause) the adult to be harmed, or
- The adult is engaging (or is likely to engage) in conduct which causes (or is likely to cause) self-harm.

The Adult Support and Protection (Scotland) Act 2007 provides the option of Protection Orders such as Temporary Banning / Banning Orders granted by a sheriff where the harm is identified as serious. The adult at risk must consent to any application for a Protection Order and a Sheriff will not grant such an order without this consent unless there is evidence of undue pressure, and there are no steps which could reasonably be taken with the adult's consent which would protect the adult from harm.

The Act provides examples of undue pressure:

- Harm being inflicted by a person in whom the adult has confidence or trust and the adult at risk would consent to intervention if they did not have confidence and trust in that person
- Undue pressure may also occur when the adult is afraid of, or is being threatened by someone

Staff working for Fife Council, NHS Fife or Police Scotland (or with a contractor providing services for any of these organisations) who know or believe an adult is at risk of harm must report the facts and circumstances to the Social Work Contact Centre and follow their agencies procedures. Staff have a duty to co-operate with the Council and each other to enable or assist the council making inquiries.

Information on health, financial or other relevant matters can be requested to enable the Council to decide whether it needs to do anything to support and protect an adult at risk of harm using [Interagency Report of Harm Referral Form](#)

Appendix 1. Legislation

The United Nations Convention on the Rights of the Child

Fife's Child Protection Committee support the principles set out under the UN Convention on the Rights of the Child ratified by the UK Government in 1991. The Convention is not a law but a code that recognises that children and young people in Scotland have rights.

There are 54 articles in the Convention covering rights such as the right to express and have their views taken into account on all matters that affect them; the right to play, rest and leisure and the right to be free from all forms of violence. The provisions of the European Convention on Human Rights are legally binding to all public bodies.

The Children (Scotland) Act 1995

The Children (Scotland) Act 1995 is centred on the needs of children/young people and their families and defines both parental responsibilities and rights in relation to children/young people. It sets out the duties and powers available to local authorities to support children/young people and their families and to intervene when the child/young person's welfare requires it. These duties and powers include provisions to protect children/young people from abuse and neglect through a range of measures including the provision of accommodation, services for the child/young person and wider family. The Act enables authorities to provide a range of different types of support for children and families.

Child Protection Orders (Sections 57-60)

A child protection order may be made by a sheriff, on the application of any person to authorise (but not to require) the removal of a child to a place of safety or to prevent a child being removed from the place where he or she is being accommodated. The provisions relating to child protection orders set out clear grounds, clearly defined responsibilities for the person holding the Order and strict time limits within which the Order must be implemented. The duration and effect of the order are limited to what is necessary to protect the child. The parents of a child who is subject to an order and certain other persons specified in the Act may challenge the order or any direction made under it.

Exclusion Order (Sections 76-80)

Under previous procedures the only means of separating an adult abuser from a child who lived in the same house, apart from removing the child, was by voluntary withdrawal by the adult, by an Order made by the court under the Matrimonial Homes (Family Protection) (Scotland) Act 1981 following an application by an entitled or non-entitled spouse or cohabiting partner, or by bail conditions imposed by the court on an accused person.

None of these measures is, however, designed for or suitable to intervention by a public authority to protect a child from harm and their effectiveness in protecting a child is likely to be limited to certain circumstances. The Act empowers sheriffs on the application by a local authority to make an exclusion order excluding a named individual from the family home.

Exclusion Order

An exclusion order is a statutory measure available to protect children from significant harm or threat of harm by excluding an alleged abuser from the family home. An exclusion order has the effect of suspending the named person's right of occupancy to the family home in question. It also prevents the person - whether an occupier or not - from entering the home, except with the express permission of the local authority which applied for the Order.

Only a Local Authority is able to apply to a Sheriff for an Exclusion Order in respect of a named person, the Sheriff will not make an Exclusion Order unless satisfied that the conditions for making the order are met.

Appendix 2. Safelives DASH

Reproduced with permission by SafeLives, as an example. Please use their website on <http://www.safelives.org.uk/> to ensure the most up to date version of the documentation.

SafeLives DASH Risk Identification Checklist as amended and used by ASSIST¹⁰ incorporating Safe and Together prompts to encourage practitioners to consider children. The SafeLives DASH is for use by IDAAs, Police and non-Police agencies for MARAC case identification when domestic abuse, 'honour'-based violence and/or stalking are disclosed.

MARAC - Multi-Agency Risk Assessment Conference - is a meeting which discusses domestic abuse victims identified as being at 'high risk' of serious harm or homicide. The meeting is attended by representatives from statutory and voluntary agencies including; the Police, Social Work, Health, Housing and Independent Domestic Abuse Advocates (IDAAs). A case requires to be discussed at MARAC if 14 or more indicators of risk are identified when completing the Risk Identification Checklist, if on professional judgement it is deemed necessary or if there has been an escalation in the abuse. The purpose of the meeting is to identify risk and create a plan that will increase the safety of the victim and children.

| Risk Identification Checklist | Date | | |
|---|------------|----|------------|
| | | | |
| Tick the box if the factor is present <input checked="" type="checkbox"/> . Please use the comment box at the end of the form to expand on any answer. | Yes (tick) | No | Don't Know |
| 1. Has the current incident resulted in injury? (Please state what and whether this is the first injury.) <i>How have the children reacted to what happened?</i> <i>Have you notices any changes in the children's behaviour /moods and emotions since the incident?</i> | | | |
| 2. Are you very frightened? Comment: | | | |
| 3. What are you afraid of? Is it further injury or violence? Please give an indication of what you think [name of abuser] might do and to whom, including children). Comment: | | | |

¹⁰ This Risk Identification Checklist (RIC) has been adapted by ASSIST with permission from SafeLives to incorporate Safe & Together. These additional questions are to be used as prompts for gathering further information and are not intended to change the outcome of the SafeLives DASH when completed with the non-offending parent. This guidance also recognises that some professionals will use the RIC as a 'checklist' as opposed to an information gathering tool.

| Tick the box if the factor is present <input type="checkbox"/> . Please use the comment box at the end of the form to expand on any answer. | Yes (tick) | No | Don't Know |
|---|---------------|----|---------------|
| <p>4. Do you feel isolated from family/friends i.e. does [name of abuser] try to stop you from seeing friends/family/doctor or others?</p> <p>Comment:</p> <p><i>Have [name of abuser's] actions isolated the children as well? How?</i></p> | | | |
| <p>5. Are you feeling depressed or having suicidal thoughts?</p> | | | |
| <p>6. Have you separated or tried to separate from (name of abuser(s)...) within the past year?</p> | | | |
| <p>7. Is there conflict over child contact?</p> <p><i>Can you tell me a bit about child contact?</i></p> <ul style="list-style-type: none"> • <i>Are there any legal contact orders?</i> <p><i>How does [name of abuser] support or undermine your parenting?</i></p> <p><i>Do you have any concerns about [name of abuser] behaviour towards the children when you aren't around?</i></p> | | | |
| <p>8. Does [name of abuser] constantly text, call, contact, follow, stalk or harass you? Expand to identify behaviour and whether client believes this is to intimidate.</p> <p><i>Does the abuser trying to contact or harass you through your children?</i></p> | | | |
| <p>9. Are you pregnant or have you recently had a baby (within the last 18 months)? Explain this is a time that abuse often escalates. <i>Has [name of abuser] supported you through your pregnancy?</i></p> | | | |
| <p>10. Is the abuse happening more often?</p> | | | |
| <p>11. Is the abuse getting worse?</p> | | | |

| Tick the box if the factor is present <input checked="" type="checkbox"/> . Please use the comment box at the end of the form to expand on any answer. | Yes (tick) | No | Don't Know |
|--|------------|----|------------|
| <p>12. Is [name of abuser] controlling and/or are excessively jealous? Eg who do you see? Are you 'policed at home'? Are you told what to wear? Consider 'honour'-based violence and specify.</p> <p><i>Has [name of abuser] ever used or threatened to use children in any way to hurt or control you?</i></p> <p><i>Who makes the decisions around issues relating to childcare?</i></p> | | | |
| <p>13. Has [name of abuser] ever used weapons or objects to hurt you?</p> | | | |
| <p>14. Has [name of abuser] ever threatened to kill you or someone else and you believed them? (If yes, tick who.)</p> <p>You <input type="checkbox"/></p> <p>Your children <input type="checkbox"/></p> <p>Other (please specify) <input type="checkbox"/></p> <p><i>Has [name of abuser] made these threats in front of the children or are they aware of the threats?</i></p> | | | |
| <p>15. Has [name of abuser] ever attempted to strangle / choke / suffocate / drown you?</p> | | | |
| <p>16. Does [name of abuser] do or say things of a sexual nature that make you feel bad or that physically hurt you or someone else? (If someone else, specify who.)</p> <p><i>Have the children ever seen or heard [name of abuser] do this?</i></p> | | | |
| <p>17. Is there any other person who has threatened you or who you are afraid of? (If yes, please specify whom and why. Consider extended family if HBV.)</p> | | | |
| <p>18. Do you know if [name of abuser] has hurt anyone else?</p> <p>Children? Have the children ever been hurt, accidentally or on purpose as a result of [name of abuser] behaviour?</p> <p>Siblings?</p> <p>Other family members?</p> <p>Other (specify)</p> | | | |

| Tick the box if the factor is present <input checked="" type="checkbox"/> . Please use the comment box at the end of the form to expand on any answer. | Yes (tick) | No | Don't Know |
|---|---------------|----|---------------|
| 19. Has [name of abuser] ever mistreated an animal or the family pet? | | | |
| 20. Are there any financial issues? For example, are you dependent on [name of abuser] for money or have they recently lost their job or any other financial issue? | | | |
| 21. Has [name of abuser] had problems in the past year with drugs (prescription or other), alcohol or with mental health which have led to problems in leading a normal life? Drugs? Alcohol? Mental Health? | | | |
| 22. Has [name of abuser] ever threatened or attempted suicide? | | | |
| 23. Has [name of abuser] ever broken bail conditions or an interdict preventing them from contacting or approaching you? (or your child/ren) Specify: | | | |
| 24. Do you know if [name of abuser] has ever been in trouble with the police or has a criminal history? Domestic abuse? Sexual violence? Other violence? Other? | | | |
| Visible High Risk Total | | | |
| Discussed Historical Unreported Incidents Date | | | |
| Signed: Name: | | | |
| Clients Views: | | | |

For consideration by professional: Is there any other relevant information (from victim or professional) which may increase risk levels? Consider victim's situation in relation to disability, substance misuse, mental health issues, cultural / language barriers, 'honour-based systems and minimisation. Are they willing to engage with your service. Describe:

Consider abuser's occupation/interests – could this give them unique access to weapons? Describe:

What are the victim's greatest priorities to address their safety?

Do you believe that there are reasonable grounds for referring this case to MARAC?

Yes No

If yes, have you made a referral? Yes / No Signed:

Date:

Do you believe that there are risks facing the children in the family?

Yes No

If yes, please confirm if you have made a referral to safeguard the children: Yes No

Date referral made:

Signed:

Date:

Name:

Practitioner's Notes

Appendix 3 Pathways to Harm¹¹

| Perpetrator behaviour | Pathways to harm | Child Welfare Issue |
|--|--|--|
| Physical violence; his substance abuse; control of vehicle and or time out of house. | Trauma creating conditions for substance abuse; interfering with her accessing recovery resources. | Maternal substance abuse and mental health issues. |
| Financial control; control of transport; interfering with parenting. | Survivor not having transport or money for child to attend appointments. Not letting survivor take the children to appointments; can't call or get out of home in medical emergency. | Medically complex/ medical fragile/ medical neglect. |
| Physical violence leading to arrests and time removed from the home; verbal abuse. | Income lost, perpetrator paying rent elsewhere while out of home leading to eviction; neighbours making complaints about shouting; police coming to home leading to anti-social behaviour notifications. | Housing Issue. |
| Verbal abuse; breaking items in the home; undermining parenting; targeting one child and favouring another. | Child afraid because of shouting/ abuse/ broken items; child feeling emotionally targeted; child not respecting survivor and getting in to trouble etc. | Emotional neglect. |
| Financial control; physical violence including strangulation; threats to take children away. | Child afraid to go to school because of violence; children refusing to leave victim's side; children not getting necessary school items, victim not getting to school meetings. | Educational neglect. |
| Physical violence towards adult survivor; criticising adult survivor's parenting/ discipline; verbal abuse | Survivor taking on physical discipline so perpetrator won't do worse; children intervening in violence and getting hit/ hurt; children punished by perpetrator for using language learned from perpetrator. | Physical abuse. |
| Isolation; financial control; verbal abuse; undermining parenting; control of car/ transport. | Survivor not having access to food leading to neglect issues; children have no one to call in emergency due to isolation; verbal abuse led to victim's depression led to not taking physical care of children. | Physical neglect. |

¹¹ Examples courtesy of the Safe & Together Institute

Appendix 4 Safety Planning with Victims of Domestic Abuse

When working with any victim of domestic abuse it is essential to have a robust safety plan in place. Templates are provided as follows:

[4a. When the victim is in a relationship with the perpetrator](#)

[4b. When the victim has left the abusive situation.](#)

[4c. Child's safety plan](#)

It is vital that safety planning is undertaken when the victim resides with the perpetrator, when they consider leaving *and* after they have left. When a victim ends, or expresses intent to end an abusive relationship, risks increase significantly; therefore, it is essential to complete a revised safety plan once the victim is away from the perpetrator of the abuse. The safety plan for children can be used in both circumstances.

Professionals should partner with the victim in order to build a collaborative safety plan utilising the victim's particular knowledge of the perpetrator's pattern of behaviour, and experience of that behaviour, to determine what will and will not work in terms of safety planning. The Safe & Together approach helps ensure that all aspects of safety have been considered.

A good introduction to safety planning is:

"I'm concerned about your partner's (or ex-partner's) behaviour and how this is impacting on you and your children's safety. Can we work together to make a plan for your future safety?"

4a Personal Domestic Abuse Safety Plan – Pre Separation

Name:

Date:

Review date(s):

It is very important that your abusive partner does not find out about your safety plan.

Is it safe to take this home with you? Y / N

Where will you keep it?

This safety plan details the steps I can take to increase my safety and reduce the risk of further violence. Although I do not have control over my partner's violence, I can plan and think about how to respond to him and how to best keep myself and my children safe.

Step 1: Safety during a violent incident.

I cannot always avoid violent incidents. In order to increase my safety, I can use a variety of different strategies. I can use some or all of the following strategies:

- I can leave. My escape route would be (think about how to get out safely - what door, windows, elevators, stairwells or fire escapes could you use?).

Practice this route.

- I can keep my purse and car keys ready and put them _____ in order to leave quickly.
- I can keep my phone charged and in credit to call 999 or someone who can help
- I can tell _____ about the violence and request that they call the police if they see or hear anything of concern coming from my home.
- If I have children, I can teach them how to use the telephone 999 to contact the police in case of an emergency.

- I will choose and use a code word with my children and/or my friends so they know to call for help if I use the word.
- If I have to leave my home, I will go _____ (even if you think there will not be a next time, decide where you would go if there was)
- If/when I expect we are going to have an argument, I will try to move to a space that is lowest risk, such as _____ (somewhere there are no potential weapons and at least one exit).

Step 2: Safety when preparing to leave.

People experiencing domestic abuse often decide to leave at some point. Risk increases for the survivor when the abuser believes that they are leaving so careful planning is needed.

I can use some or all of the following safety strategies:

- I will let a trusted person, friend or professional know my plans and see if they can help
- I will leave money and an extra set of keys with _____
- I will keep copies of important documents at _____
- To increase my financial independence, I will open a savings account by _____ (date),

Ask for no bank statements to be sent to your address or arrange for them to be sent to a friend or family member

- In the event of an emergency I can call or go to _____
- I can leave clothes and some emergency money with _____
- I will regularly review my safety plan in order to plan the safest way to leave the house.

I can review my plan with:

Date:

When you leave, if you have children, take them with you if you can. If you try to get them later and your partner holds parental rights then the Police will not be able to remove them from their other parent unless you hold a court order.

4b. Personal Domestic Abuse Safety Plan – post separation

Important Phone Numbers:

-
-
-

Support from Friends and Neighbours. I will let friends and neighbours know that the abuser no longer lives here and ask them to phone the police should they see him near the house or the children. The people I will tell are:

-
-
-

Child Contact. I will tell the people who take care of my children who has permission to pick up my children and that my partner/ex-partner is not permitted to do so. The people I will inform about pick-up permission include:

-
-
-

I can arrange for children to be handed over in a safe place or by a trusted person e.g.

-
-

Passwords:

I can give family/close friends/support worker a password or phrase so that they know I'm in danger and to call the police.

Password:

Phrase:

My Phone:

- I can change my mobile / house phone number
- I can use 141 so my number can't be traced
- I'll make sure my number is ex-directory and number withheld

Other Precautions:

I can tell work about my situation and ask that my calls are screened

I can avoid shops and other places that I used when I was with him. E.g.

-
-
-

Legal Protection:

I can get legal advice about interdicts, harassment order, child contact issues. People that can help me with this are:

-
-
-

I can make sure I am aware of any special bail conditions which prohibit my partner from contacting or approaching me and report **any breach** of these to the police. I can also report any further abuse including harassment, stalking, threats, or violence to the police.

Home Security / Safety

There are many things that I can do to increase safety at home. It may not be possible to do everything at once, but safety measures can be added step by step.

I can consider:

- Having a [Home Security Review](#) to ensure my home is as safe as can be at this time. Speak to your social worker/advocate/police to arrange this) or call 01592 645310
Fife Cares can advise on how secure your home is and whether additional security is needed.
- Arranging a Fire Safety Visit 0800 0731 999 or text FIRE to 80800

Emotional Wellbeing

If I'm feeling down/depressed and thinking about returning I can call these people for support: (names and numbers)

-
-

I'll review this plan on: Date:

If I need support with it I'll ask:

4c Child's Safety Plan

My name is:

and this is *My Safety Plan*

If there are angry actions or words in my house

I can't stop it
but
This is what I can do:



1 GET OUT OF THE WAY!

2 Find a safe place

In my house this is:

.....

.....

.....

3 If it is SAFE, phone the police

Dial 999

Say my name is:

.....

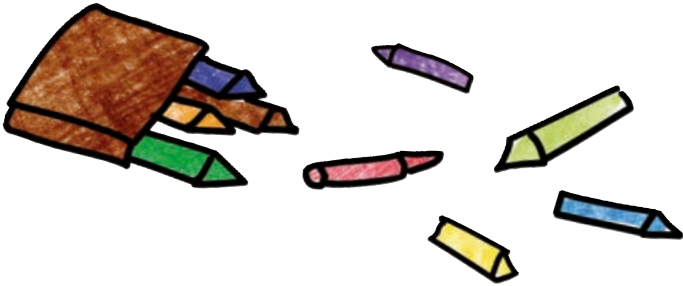
Say my address is:

.....

Say what is happening:

.....

.....



4c Child's Safety Plan

4

I can also get help from:

.....



6

If I am hurt I will tell:

.....

5

Later I can talk to:

.....



7

It is ok to feel:

.....

8

The people who know about this plan are:

Me

family

others

Name:

date:

Appendix 5 What Happens When Domestic Abuse is reported to the Police?

Although there is a Domestic Abuse Bill going through Parliament at this moment, domestic abuse in itself is not a crime in Scots Law. However the behaviours that abusers use to control and cause fear in their partners or ex-partners may constitute a crime such as breach of the peace, crimes of violence including murder and crimes of a sexual nature. Other crimes may include breach of the Telecommunications Act, vandalism, abduction, willful fire raising and crimes of dishonesty. This list is not exhaustive and these crimes amongst others may be disclosed to you in the course of your work.

Reporting domestic abuse to the police may provide a protective factor to some women. Police Scotland treat domestic abuse very seriously.

When Police Officers attend a domestic abuse incident they will gather all the details of the incident, establish if a crime has been committed and investigate this thoroughly. Where there is sufficient evidence all attempts will be made to locate, arrest and interview the individual. In terms of Scottish Crime Recording Standards Police Scotland will record and investigate all allegations regardless of the wishes of the victim. Where the accused is not traced and is at large, they will be actively pursued until arrested for interview. The initial priority for police officers attending a domestic abuse incident is the safety and wellbeing of the victim and family.

To substantiate charges in Scots Law allegations require to be corroborated. Corroboration is two or more separate sources of evidence. These could be statements from witnesses, who saw or heard something, admissions by the accused or supporting evidence such as injury to the woman or forensic evidence consistent with the details of the event.

Criminal Justice (Scotland) Act 2016 which was enacted in January 2018 and has impacted on how Police Scotland responds to incidents. The current powers of arrest and detention are being replaced with a statutory power of arrest. There is a presumption on liberation unless the police would expect the accused to be remanded in custody. The police will release the suspect from police custody on a signed undertaking. This process will be subject to a robust risk assessment, the likelihood of the accused reoffending and the safety of the victim are key considerations.

The terms of the undertaking are that the person agrees to appear at court and comply with any conditions. These conditions include **not**:

- Committing an offence
- Interfering with witnesses or evidence
- Behaving in a manner to cause or likely to cause alarm or distress to witnesses

And any further conditions considered necessary or proportionate to ensure the above conditions

Where the police cannot conclude their enquiries and there is an insufficiency of evidence to charge the suspect, the police can release on “investigative liberation”, and can apply special conditions relevant to the enquiry, eg not to approach the victim. These conditions are only live for 28 days, by which time the police must conclude the investigation. If there is further evidence the suspect can be rearrested.

If a suspect is released on either investigative liberation or an undertaking to appear at court the police will notify the victim to ensure that they are fully aware of the conditions, as well as reinforcing the conditions with the perpetrator. The police will thereafter manage the bail to ensure the suspect/accused complies.

What Happens Next

The police compile a report and send this to the Procurator Fiscal (PF). The PF is the official from the Crown Office and Procurator Fiscal Service who decides whether a case goes to court. The PF is independent from the police and the court and does not have to explain their decision. If the PF decides to prosecute the accused will need to go to court.

Sheriff Summary Proceedings

The accused will be required to appear at court to plead guilty or not guilty. If the accused pleads guilty they may be sentenced that day or sentence may be deferred for background reports. If they plead not guilty a date will be set for their trial and he may be released on bail or remanded in custody.

Sheriff Solemn

In the most serious of cases, the Crown may decide to proceed by solemn procedure which always involves trial by jury. Usually solemn proceedings are raised in the Sheriff court by means of petition. When the accused appears from custody a trial diet will not be set at this time, unlike summary procedure. The accused may be remanded in custody or released on bail.

The maximum custodial sentence in solemn proceedings that can be imposed is five years. If the Sheriff is of the view that this sentence is inadequate the case can be remitted to the High Court for sentence (where the common law powers are unlimited), follow a conviction.

Bail

Bail is an order of the court granted in terms of the criminal procedures (Scotland) Act 1995 and is defined as “the release of the accused on conditions”. If the accused is released on Standard Bail the conditions are:

- Appears at the appointed time at every diet relating to the offence.
- Does not commit an offence whilst on bail.
- Does not interfere with witnesses or otherwise obstruct the course of justice whether in relation to self or any other person.
- Makes himself available for the purpose of enabling enquiries or a report to be made to assist the court in dealing with him.

The Sheriff may impose Special Bail conditions in cases of domestic abuse. These can be:

- Do not approach, contact or communicate with the victim.
- Do not enter victim’s address, street, area or any other area deemed by the order.

Bail conditions will last until there is the disposal of the case at court.

Appendix 6

Useful contact numbers

| | |
|--|----------------|
| Health, Social Care & Children's Services Contact Centre | 03451 551503 |
| Emergency Services | 999 |
| Fife Women's Aid | 0808 802 5555 |
| CEDAR Fife | 01592 583676 |
| Shakti Fife Women's Aid (Ethnic Minority Women) | 01383 431243 |
| Fife Rape and Sexual Assault Centre | 01592 642336 |
| Domestic Abuse Helpline (24hrs) | 0800 027 1234 |
| Police Scotland (ask for Fife Domestic Abuse Investigation Unit) | 101 |
| Housing Information and Advice | 03451 55 00 33 |
| Fearless (for men in abusive relationships) | 0131 624 7266 |
| Fife Violence Against Women Partnership | 01592 583690 |

Ethnic Minority Law Centre to provide legal advice and representation in conjunction with Citizen's Advice Bureau www.emlc.org.uk

Trafficking Awareness Raising Alliance (TARA), 11th Floor, Nye Bevan House 2, 20 India Street, Glasgow G2 4PF Tel: 0141 287 8274

Save the Children www.savethechildren.org

Amnesty International www.amnesty.org

The LGBT Domestic Abuse Project is Government funded and in its initial phase has created a website as a resource for all service providers and to reach as many people experiencing domestic abuse as possible. The project also plans to pilot training in 3 areas of Scotland. The Website also addresses the effect domestic abuse can have on children and young people within an LGBT family. www.lgbtdomesticabuse.org.uk

| | |
|--|----------------|
| Scottish Women's Rights Centre national helpline | 08088 010789 |
| Childline – about anything | 0800 11 11 |
| Breathing Space – feeling down or depressed | 0800 838 587 |
| Child Law Centre for legal advice | 0800 328 89 70 |
| Broken Rainbow – abuse in same sex relationships | 08452 604 460 |
| Know the Score – information on drugs | 0800 587 58 79 |



GOOD PRACTICE GUIDE



Fife Child Protection Committee

Based on a North Lanarkshire resource

