

Child Protection Committee



South Lanarkshire



Good practice guidance on domestic abuse and the protection of children

South Lanarkshire

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I. 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 South Lanarkshire. It replaces the Lanarkshire Good Practice Guidance on Domestic Abuse and the Protection of Children – 2014.

It will support your understanding of the impact of domestic abuse on children and non-abusing parents/carers when carrying out assessment to determine risk. It will illustrate how risk should be managed to keep the child and the non-abusing parent/carer safe. Further, it will also explain the importance of maintaining a focus on the person perpetrating the abuse and assess any risk from on-going abuse.

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

- Putting the child at the centre by listening to their views and 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 by helping children and families understand what help is possible and what their choices may be;
- Co-ordinating help; and
- Keeping the child safe.

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:

1. **What is getting in the way of the child's wellbeing?**
2. **Do I have all the information I need to help this child?**
3. **What can I do now to help this child?**
4. **What can my agency do to help this child?**
5. **What additional help, if any, may be needed from others?**

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 alongside 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 refresh of the multi-agency guidance has been a collaborative piece of work between South Lanarkshire's Child Protection Committee and South Lanarkshire's Gender-Based Violence Partnership. It aims to give staff across agencies guidance on the complex issue 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, placing 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 and holds perpetrators accountable for their abusive behaviour;
- The need for agencies and planners to take into account the experiences of specific groups of adult victims, children and young people affected by domestic abuse who may face additional discrimination to ensure any action is relevant and appropriate to them.

Definition

The South Lanarkshire Child Protection Committee and the South Lanarkshire Gender-Based Violence Partnership identify domestic abuse as gender-based abuse and have adopted the Scottish Government's definition of domestic abuse:

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* highlighted 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
- 🕒 The link between child physical abuse and domestic abuse is significant, with estimates ranging between 30% to 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.⁵

Prevalence

Figures published by Scottish Women's Aid state that 100,000⁶ children in Scotland experience domestic abuse.

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 2015-16, 57,687 incidents of domestic abuse were recorded by the police in Scotland. In South Lanarkshire in 2015-16, 3241 domestic abuse incidents were recorded by the police.

Responding in a sensitive way and by 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 www.scotland.gov.uk/topics/people/equality/violence-women/key-facts

⁵ www.lga.gov.uk/lga/aio/34728

⁶ What You Need to Know www.scottishwomensaid.org.uk

3. Legislative and policy framework

The principles and values of GIRFEC underpin this guidance. The following are some of the other pieces of key legislation, policy and guidance documents which inform practice when working with families affected by domestic abuse.

The Children and Young People (Scotland) Act 2014

The Children and Young People (Scotland) Act 2014 ensures a collective response from all services aiming to promote, support and safeguard the wellbeing of children and young people and their families.

The Act confirms it's everyone's responsibility to work together to identify the most relevant, proportionate and timely support is made available to children and families.

The Act legislates for key aspects of GIRFEC including strengthening children's rights.

Children's Hearing (Scotland) Act 2011

Section 67 (f) of the Act, includes domestic abuse as a ground for referral. It states that a child can be referred to the Children's Hearing system if the child has, or is likely to have a close connection with a person who has carried out domestic abuse. A child is taken to have a close connection with the person if:

1. The child is a member of the same household as the person or;
2. 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:

1. 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.
2. 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.
3. 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 the child.
4. At the same time, staff should be maintaining a focus on the perpetrator and monitoring any risk resulting from ongoing abuse.
5. Agencies should always work to ensure that they are addressing the protection of both the child and the non-abusing parent/carer.
6. Protection should be ongoing, and should not cease if and when the abuser and the non-abusing parent/carer separate. Indeed, separation may trigger an escalation of abusive behaviour, increasing the risk to both the child and their non-abusing parent/carer.
7. Any decisions made in regard to contact by both 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.

This 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;
- The Children's Charter, Scottish Executive, 2004.

More information on the National Guidance for Child Protection in Scotland 2014 can be found at: www.gov.scot/publications/2014/05/3052/0

(See Appendix I for further information on legislation).

4. Domestic abuse within the context of the 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.⁷ Children can be affected by abuse even when they are not witnessing it or being directly subjected to abuse themselves. Domestic abuse can profoundly disrupt a child's environment, undermining their stability and damaging their physical, mental and emotional health.

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 either.

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/carers 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 the non-abusing parent/carer and the children, can result in separate decisions which are 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.

The following takes the wellbeing indicators and provides examples of how living with domestic abuse can impact on each indicator for children and young people. Each indicator of wellbeing does not stand alone; they are intrinsically linked, so there will be overlap and cumulative effects.

For more information please refer to the Lanarkshire GIRFEC Practice Guide: www.girfecinlanarkshire.co.uk/practice-guide

⁷ Hester, M. and Radford, L. (2006) *Mothering Through Domestic Violence*



Safe:

children/young people are protected from abuse, neglect or harm at home, school and in the community

- 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 fear of the 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.

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

- 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.

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

- 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.
- 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.

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

- 🕒 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.

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

- 🕒 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 the children/young people's protective factors.

Respected:

children/young people are involved appropriately in decisions that affect their well-being – having their voice and opinion heard

- 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 the children/young people feel important or respected.

Responsible:

children/young people are encouraged to have an active and responsible role within the family, school and the community

- 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 outwith 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 out with 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 in order to gain some understanding of the possible impact of these experiences. Children will have been told, or from experience, know not to talk about the abuse as this can result in the abuse escalating.

The GIRFEC App can support this and is a free, digital resource that can be downloaded from Google Play Store or iTunes and can be used to facilitate this process. The young person can use it alone or with support.

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 the non-abusing parent/carer's issues around mental health and/or substance abuse. 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 child/ren.

(See Section 8 – Safety planning)

Children's coping strategies

Children develop complex strategies of survival in order to deal with the stress and adversity they are experiencing. 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 at different times, for example from being clingy and withdrawn to having difficulty regulating their emotions and behaviour. Some children feel so concerned for their non-abusing parent/carers safety, that they want to protect them all the time and may refuse to go to school or feign illness so that they can stay at home with them. 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. Other children, 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.

As they can lack a proper understanding of what is happening, children are likely to believe that they are somehow responsible for the abuse. They are aware that violence can stem from arguments over child care, children's behaviour or discipline or from resentment about the amount of time the non-abusing parent/carer devotes to their children. This sense that they have in some way caused the abuse can lead children to attempt to modify their behaviour, 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. It is also suggested that experience of abuse during pregnancy, can cause changes in the mother's stress response systems, increasing her levels of the hormone cortisol, which in turn could increase cortisol levels in the fetus.

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. Some 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.

5. 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 have to acknowledge that intrusion in people's lives is sometimes necessary to support improvement and change to their life circumstances, not least in instances of domestic abuse, where there are risks to both the child and the non-abusing parent/carer.

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 an 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/carer's failure to protect.

Carrying out risk assessments 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 requires a sound knowledge base and skill set to inform professional analysis and evidence-based decision making. For work with families affected by domestic abuse this includes:

- An understanding of single and multi-agency roles and responsibilities towards children and adults experiencing domestic abuse;
- A knowledge of child development and the impact of domestic abuse on children;
- Being aware 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;
- The availability of different tools for identifying risk and the appropriate action to take;
- Effective existing approaches and new approaches being used to support children, non-abusing parents/carers and which address behaviours with abusers.

5.2 The national risk assessment framework – for children

The national risk assessment framework was published in November 2012. It has been developed around three risk components that build upon the GIRFEC practice model – **Risk, Resilience and Resistance (3R's)**. These three risk factors require 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 that are identified 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 (see Section 4 of the Lanarkshire GIRFEC Practice Guide) 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).

Focussing 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. 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 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 boundaried authoritative approach which avoids over-optimism and scrutinises apparent parental compliance' (Sen and Green Lister 2011).

The national risk assessment 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.

Further information on the national risk assessment framework can be found at: www.scotland.gov.uk

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 (2010) 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.

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**.

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 perpetrators 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.

This tool is in two parts:

- 🕒 part one is a risk identification checklist
- 🕒 part two is the severity of abuse grid

Both parts require to be used and full practice guidance for SafeLives DASH can be found at the link below. The risk identification checklist and severity of abuse grid are contained in Appendix 2, 3 and 4.

www.safelives.org.uk/practice-support/resources-identifying-risk-victims-face

5.5 Child contact as a risk factor

Parenting involves both mothers and fathers and parenting by a violent and abusive father 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 non-abusive parent, telling them to repeat abusive messages, probing for details of the non-abusive parents 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 parent's who physically abuse, requires that an 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.

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

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 their behaviour are the foundational source of the risk and safety concerns for children, not the adult survivor or their behaviour. This guidance promotes the position that the perpetrator's behaviour not the relationship, or living arrangements are 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.

It is helpful to consider the principles and critical components highlighted within the safe and together model:

Safe and together principles

- ☉ Every effort should be made to keep child **safe and together** with the non-abusing parent.
- ☉ Partnering with the non-abusing parent should be the default position.
- ☉ Interventions should be made with perpetrators to reduce risk and harm to child.

Safe and together critical components

The **critical components** in delivering on the principles are having an understanding of:

1. The perpetrator's pattern of coercive control.
2. The actions taken by the perpetrator to harm the child.
3. The full spectrum of the non-abusing parent's efforts to promote the safety and wellbeing of the child.
4. The adverse impact of the perpetrator's behaviour on the child.
5. The roles 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 of information, 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 that focus solely on a violent incident.

About pattern of behaviour	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

Actions taken by the perpetrator to harm the child can take a number of forms. These include:

- 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 the non-abusive parents 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:

- Shared goal of keeping children safe
- Focus on strengths
- Identify protective efforts
- Focus 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.

There are three main purposes for interviewing non-abusing parents;

1. Information gathering
2. Validation
3. Planning

1. 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.

2. 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.

3. 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 perpetrator are based on the children's needs.

Questions to learn about risk

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 they are 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 perpetrators abusive behaviour to his partner and how the abuse of the primary attachment figure impacts the child. We will describe this as *pathways to harm*. Some examples are given in Appendix 5.

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, see link below.

www.lfcc.on.ca/little_eyes_little_ears.pdf

7. Roles 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 SCR's refer to this as the "toxic trio".

You may want to consider these points when you see the intersection of domestic abuse, substance use and mental health.

- 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: avoid 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 is 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 be limited/ lacking inclusion of 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.
- Is perceived as a “less worthy” victim.
- Self-blame and the blame from others makes it less likely she will reach out for help.
- May 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.
- The perpetrator may attend the same services or be able to keep track of her through his friends in the services.

8. Safety planning

8.1 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 the safety of the non-abusing parent/ carer is critical to the safety of the child/ren.

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 and severity of abuse grid – see SafeLives www.safelives.org.uk/practice-support/resources-identifying-risk-victims-face

The non-abusing parent/ carer should be encouraged and given support to develop their own safety plan which should include the development of a safety plan for the child/ren (see Appendix 6).

When supporting the non-abusing parent/ carer and children to develop a safety plan it is important to use an empowering model of working, active listening skills and a non-judgemental attitude. The responsibility for the abuse lies with the abuser *not* the non-abusing parent/ carer and *not* the child/ren although often they will feel somehow responsible 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.

Here are some useful questions and points to include in the discussion about safety plans:

- 🕒 What do they need to be safe? This applies to both the non-abusing parent/ carer and the children.
- 🕒 What have they done or considered in the past to keep safe?
- 🕒 Who would they like to make contact with now?
What you can do to help that to happen?
- 🕒 What are the available options?
- 🕒 What do they want to do to protect themselves 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 (see Appendix 7).
- 🕒 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.

There are a variety of resources freely available to help gather information from children, young people and parents/carers; the GIRFEC App, Wellbeing Web as well as specific material to support younger children can be used.

Anyone concerned that a child may be at risk of abuse should follow their organisation's policy on Child Protection. This is likely to include immediately making contact with children and families' social work and/or the police, by telephone. Following the telephone call, the **Notification of Child Protection Concern** should be completed and sent as soon as possible to children and family social work and/or the police.

The safety planning process should also 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 8 for "What happens when domestic abuse is reported to the Police").

8.2 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.

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. Research also suggests that prenatal abuse could cause changes in the mother's stress response systems, increasing her levels of the hormone cortisol, which in turn could increase cortisol levels in the fetus.

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 or Child Protection Plan, it is essential that parents/carers and child and 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 non-abusing parent/carer 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 note the following:

- 🕒 Empower the non-abusing parent/carer to protect themselves as best they can;
- 🕒 Enable them to protect their 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.

8.3 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 www.scotland.police.uk/keep-safe/advice-for-victims-of-crime/domestic-abuse/domestic-abuse-in-young-relationships

All staff working with children, young people and families should have an understanding as to potential reasons for many incidents going unreported. For example, is there a lack of awareness of what constitutes domestic abuse by the non-abusive behaviour?

Some reasons may be:

- 🕒 The non-abusive parent may not realise that domestic abuse does not always include physical violence but can include controlling, humiliating, sexual behaviours, damaging of belongings, threats via social media and via text messages.
- 🕒 The non-abusive parents values around the need and importance of remaining in a relationship – romantic notion of love etc.
- 🕒 The non-abusive parent's acceptance of certain types of behaviour due to experience of past abuse.

9. Links to adults at risk of harm

Whilst working to safeguard children, all 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 protecting them from further harm, or using Protection Orders to ban a perpetrator from a specific place, area or location.

The Adult Support and Protection (Scotland) Act 2007 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 and Treatment) (Scotland) Act 2003.

Adults at risk of harm are (16 and over) who –

- are unable to safeguard their own well being, property, rights or other interests; and
- are at risk of harm; and
- 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 can also use Protection Orders such as Temporary Banning/Banning Orders granted by a sheriff which bans a perpetrator who is the subject of the order from being in a specified place and/or also:

- ban the subject from being in a specified area in the vicinity of the specified place,
- authorise the ejection of the subject from the specified place and the specified area,
- prohibit the subject from moving any specified thing from the specified place,

- ④ direct any specified person to take specified measures to preserve any moveable property owned or controlled by the subject which remains in the specified place while the order has effect,
- ④ be made subject to any specified conditions,
- ④ require or authorise any person to do, or to refrain from doing, anything else which the sheriff thinks necessary for the proper enforcement of the order.

Therefore, should staff working within South Lanarkshire Council, NHS Lanarkshire or Police Scotland (or work with a contractor providing services for any of these organisations) know or believe an adult is at risk of harm, they must report the facts and circumstances of the case to the relevant Social Work Locality. 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 protect an adult at risk of harm.

Appendix I

Legislation

The United Nations Convention on the Rights of the Child

North and South Lanarkshire Child Protection Committees 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. The essential principles behind the Act are:

- ☉ Each child/young person has the right to be treated as an individual.
- ☉ Each child/young person who can form his or her own views on matters affecting him or her, has the right to express those views if he or she wishes.
- ☉ Parents should normally be responsible for the upbringing of children and young people and should share that responsibility.
- ☉ Each child/young person has the right to protection from all forms of abuse, neglect or exploitation.
- ☉ So far as is consistent with safeguarding and promoting the child/young person's welfare, the local authority should promote the upbringing of children and young people by their families.
- ☉ Any intervention by a local authority should be properly justified, and should be supported by services from all relevant agencies working in collaboration.

In support of these principles three main themes run through the Act:

- ☉ The welfare of the child or young person is the paramount consideration when his or her needs are considered by Courts, Children's Hearings and local authorities.
- ☉ No Courts should make an Order relating to a child or young person and no Children's Hearing should make a supervision requirement unless the Court or Hearing considers that to do so would be better for the child or young person than making no Order or supervision requirement at all.
- ☉ The child or young person's views, taking appropriate account of age and understanding should be taken into account where major decisions are to be made about his or her future.

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.

Main features of the Exclusion 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.

Conditions:

1. The child has suffered, is suffering or is likely to suffer significant harm as a result of any conduct of the named person, such conduct being actual, threatened or reasonably apprehended.
2. The Order is necessary for the protection of the child.
3. This would better safeguard the welfare of the child than removing the child from the family home.

Before making a final Exclusion Order the Sheriff may grant an interim Exclusion Order with the power to grant warrants and interdict as appropriate.

Before an Exclusion Order is finally determined the person to be excluded (the named person) must be afforded the opportunity to be heard by or represented before the Sheriff.

In applying for an Exclusion Order consideration must also be given to applying for any warrants, interdicts or orders to back up the Exclusion Order. The Sheriff may grant:-

- A warrant for the summary ejection of the named person.
- An interdict prohibiting the named person from entering the home without permission of the Local Authority.
- An interdict prohibiting the named person from entering or remaining in a specified area in the vicinity of the home.
- Make an Order regulating contact between the child and the named person.
- An Exclusion Order lasts for 6 months and will not be renewable.

Appendix 2

Reproduced with permission by SafeLives, as an example. Please use their website on 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 ASSIST* 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.

*** This Risk Identification Checklist (RIC) has been adapted by ASSIST with permission from SafeLives to incorporate Safe and 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.**

Risk identification checklist		Date		
Please type answers and additional information in red	Yes	No	Don't know	
1. Has the current incident resulted in injury? (Please state what). <i>How have the children reacted to what happened?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Are you very frightened? Add comment:				
3. What are you afraid of? Is it further injury or violence? Please give an indication of what you think (accused's name) might do and to whom, including children? Add comment:				
4. Do you feel isolated from family and friends i.e. does (name) try to stop you from seeing friends/ family/others? Add comment: <i>Have [X's actions] isolated the children as well? How?</i>				
5. Are you feeling depressed or have suicidal thoughts?				
6. Have you separated or tried to separate from (name) in the past year?				
7. Is there conflict over child contact? <i>Can you tell me a bit about child contact?</i> <i>How does [X] support or undermine your parenting?</i> <i>Do you have any concerns about [X's] behaviour towards the children when you aren't around?</i>				
8. Does (name) constantly text, phone, contact, follow, stalk or harass you? Expand to identify behaviour and whether client believes this is to intimidate.				
9. Are you pregnant or have you recently had a baby? (Explain this is a time that abuse often escalates). <i>Has [X] supported you throughout your pregnancy?</i>				

Please type answers and additional information in red	Yes	No	Don't know
10. Is the abuse happening more often?			
11. Is the abuse getting worse?			
<p>12. Is (name) controlling and/or excessively jealous? e.g. who you see, being 'policed' at home, telling you what to wear? Consider honour based violence and specify.</p> <p><i>Has [X] ever used or threatened to use the children in any way to control or hurt you?</i></p> <p><i>Who makes the decisions around issues relating to the children?</i></p>			
<p>13. Has (name) ever used weapons or objects to hurt you?</p> <p>What?</p>			
<p>14. Has (name) ever threatened to kill you or someone else and you believed them? Who? You?</p> <p><i>Your children? Has [X] made these threats in front of the children or are they aware of the threats?</i></p> <p>Other? (specify)</p>			
<p>15. Has (name) ever attempted to strangle/choke/suffocate/drown you?</p>			
<p>16. Does (name) do or say things of a sexual nature that make you feel bad or that physically hurt you (Or someone else? Specify)</p> <p><i>Have the children ever seen or heard [X] do this?</i></p>			
<p>17. Is there any other person who has threatened you or who you are afraid of? (Specify who and why. Consider extended family)</p>			
<p>18. Do you know if (name) has hurt anyone else?</p> <p><i>Children? Have the children ever been hurt, accidentally or on purpose, as a result of [X's] behaviour? (4)</i></p> <p>Siblings?</p> <p>Other family members?</p> <p>Other? (specify)</p>			

Please type answers and additional information in red	Yes	No	Don't know
19. Has (name) ever mistreated an animal or the family pet?			
20. Are there are any financial issues? e.g. Are you dependant on (name) for money or have they recently lost a job or any other financial issue?			
21. Has (name) had problems in the past year with drugs, (prescription or other), alcohol or with mental health which have led to problems leading a normal life? Drugs? Alcohol? Mental health?			
22. Has (name) ever threatened or attempted suicide?			
23. Has (name) ever broken bail conditions or an interdict preventing them from contacting or approaching you? Specify?			
24. Do you know if (name) has ever been in trouble with the police or has a criminal record? Domestic abuse? Sexual violence? Other violence? Other?			
Visible high risk: total			
Discussed historical unreported incidents date:			
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

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Appendix 3

Guidance on completing the severity of abuse grid

Note: This guidance is designed to help you complete the SAG above. Please note that each case is unique and you will have to use your professional judgement in relation to the information that you are given by your client. **The context in which these and similar behaviours occur is all important in identifying a level of severity.** For example, the misuse of substances including alcohol may increase the level of risk faced by an individual. Similarly, the cultural context in which abuse takes place should inform your judgement as to the level of risk posed.

Physical abuse			
No	Standard	Moderate	High
Never, or not currently	Slapping, pushing; no injuries.	Slapping, pushing; lasting pain or mild, light bruising or shallow cuts.	Noticeable bruising, lacerations, pain, severe contusions, burns, broken bones, threats and attempts to kill partner, children, relatives or pets. Strangulation, holding under water or threat to use or use of weapons, loss of consciousness, head injury, internal injury, permanent injury, miscarriage.
Sexual abuse			
No	Standard	Moderate	High
Never, or not currently	Use of sexual insults.	Uses pressure to obtain sex, unwanted touching, non-violent acts that make victim feel uncomfortable about sex, their gender identity or sexual orientation.	Uses threats or force to obtain sex, rape, serious sexual assaults. Deliberately inflicts pain during sex, combines sex and violence including weapons, sexually abuses children and forces partner to watch, enforced prostitution, intentional transmission of STIs/HIV/AIDS.

Harassment or stalking

No	Standard	Moderate	High
Never or not currently	Occasional phone calls, texts and emails.	Frequent phone calls, texts, emails.	Constant/obsessive phone calls, texts or emails, uninvited visits to home, workplace etc or loitering. Destroys or vandalises property, pursues victim after separation, stalking, threats of suicide/homicide to victim and other family members, threats of sexual violence, involvement of others in the stalking behaviour.

Jealous or controlling behaviour/emotional abuse

No	Standard	Moderate	High
Never or not currently	Made to account for victim's time, some isolation from family/friends or support network, put down in public.	Increased control over victim's time, significant isolation from family and friends, intercepting mail or phone calls, controls access to money, irrational accusations of infidelity, constant criticism of role as partner/wife/mother.	Controls most or all of victim's daily activities, prevention from taking medication, accessing care needs (especially relevant for survivors with disabilities); extreme dominance, e.g. believes absolutely entitled to partner, partner's services, obedience, loyalty no matter what. Extreme jealousy, e.g. 'If I can't have you, no-one can', with belief that abuser will act on this. Locks person up or severely restricts their movements, threats to take the children. Suicide/homicide/familicide threats, involvement of wider family members, crimes in the name of 'honour'. Threats to expose sexual activity to family members, religious or local community via photos, online (e.g. Facebook) or in public places.

Appendix 4

SafeLives recommended severity of abuse grid for IDAA services ¹⁰

This grid has been developed to be used with the SafeLives Recommended Risk Identification Checklist. It is designed to give you a framework within which to identify specific features of the abuse suffered by your client and help guide you both to addressing their safety in an informed and coherent way. It will also typically provide information that will be relevant for those cases going to MARAC.

To complete this take the answers from the relevant questions on the checklist and then explore in more detail the severity of each category of abuse currently suffered and the escalation if it exists. For guidance on identifying levels of severity, please see below.

If you answer ‘yes’ to any of the questions ‘is the abuse occurring’ you must circle one answer for each of the boxes in the other three columns to identify the level of severity, the escalation in severity and in frequency.

Type of abuse	Is abuse occurring?	Severity of abuse	Escalation in severity (past 3 months)	Escalation in frequency (past 3 months)
Physical	Yes <input type="checkbox"/>	High <input type="checkbox"/>	Worse <input type="checkbox"/>	Worse <input type="checkbox"/>
	No <input type="checkbox"/>	Moderate <input type="checkbox"/>	Unchanged <input type="checkbox"/>	Unchanged <input type="checkbox"/>
	Don't <input type="checkbox"/>	Standard <input type="checkbox"/>	Reduced <input type="checkbox"/>	Reduced <input type="checkbox"/>
	Not answered <input type="checkbox"/>			
Sexual	Yes <input type="checkbox"/>	High <input type="checkbox"/>	Worse <input type="checkbox"/>	Worse <input type="checkbox"/>
	No <input type="checkbox"/>	Moderate <input type="checkbox"/>	Unchanged <input type="checkbox"/>	Unchanged <input type="checkbox"/>
	Don't <input type="checkbox"/>	Standard <input type="checkbox"/>	Reduced <input type="checkbox"/>	Reduced <input type="checkbox"/>
	Not answered <input type="checkbox"/>			

¹⁰ Grid and guidance reproduced with kind permission of the Hestia Fund

Type of abuse	Is abuse occurring?	Severity of abuse	Escalation in severity (past 3 months)	Escalation in frequency (past 3 months)
Stalking and harassment	Yes <input type="checkbox"/>	High <input type="checkbox"/>	Worse <input type="checkbox"/>	Worse <input type="checkbox"/>
	No <input type="checkbox"/>	Moderate <input type="checkbox"/>	Unchanged <input type="checkbox"/>	Unchanged <input type="checkbox"/>
	Don't <input type="checkbox"/>	Standard <input type="checkbox"/>	Reduced <input type="checkbox"/>	Reduced <input type="checkbox"/>
	Not answered <input type="checkbox"/>			
Jealous and controlling behaviour / emotional abuse	Yes <input type="checkbox"/>	High <input type="checkbox"/>	Worse <input type="checkbox"/>	Worse <input type="checkbox"/>
	No <input type="checkbox"/>	Moderate <input type="checkbox"/>	Unchanged <input type="checkbox"/>	Unchanged <input type="checkbox"/>
	Don't <input type="checkbox"/>	Standard <input type="checkbox"/>	Reduced <input type="checkbox"/>	Reduced <input type="checkbox"/>
	Not answered <input type="checkbox"/>			

Practitioner's notes

Appendix 5

Pathways to harm (examples)

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. Note letting survivor take the children to appointments; can't call or get out of home in medical emergency.	Medically complex/ medically 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.

Perpetrator behaviour	Pathways to harm	Child welfare issue
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.

Appendix 6

Individualised safety and support plan: options and advice

Notes to practitioner: Use this template to document the options and advice relevant to your client's situation. Keep a copy on the client file and, if it is safe, give a copy to your client to take away with them.

Client name/ ref no:

Page... of...

Is it safe to take this home with you?

Where will you keep it?

If I need to leave I will try and take with me...

In an emergency, I will try to take...

General safety planning

Advice on: routines/ safety at home, work, social settings/escape route/
code words.

Legal

Advice on: Criminal and Civil options/police reporting/court support/breaches
of court orders e.g. interdicts/any child contact/residence/protection issues/
immigration/social work justice involvement for client or (ex) partner or
family member.

Separating and post separation

Code words/escape route/plan for leaving/support post separation.

Children

(Ex) partner, family member access to children and school/parental rights and responsibility status/support for children/child's named person/lead professional.

Financial

Advice on: access to finances, benefits/housing areas/drugs and alcohol or immigration issues affecting finances.

Health and wellbeing

Advice on: immediate medical needs, access to sexual and general health services, mental health services and whether client has disabilities compounding situation.

Housing and security

Advice on: emergency and longer term housing option/security measures/ fire assessment.

Additional support factors

Drugs and alcohol/mental health/disability.

Who can I contact in an emergency?

999 for an immediate police or ambulance response:

Domestic Abuse Investigation Unit:

Emergency housing service:

Solicitor:

Nearest accident and emergency department is located:

Other:

This service can be contacted on...

We are open...

Appendix 7

Child's plan

What is the desired outcome for this child? (the positive changes in well-being should go here)	What are we going to do? (these are the actions needed to achieve the desired outcomes)	How will we know? (the evidence that will indicate improvements or deterioration in well-being)	By when? (the latest acceptable date to achieve positive change)	Who is helping me? (which professional will be responsible)
Safe				
Healthy				
Achieving				
Nurtured				
Active				
Respected				
Responsible				
Included				

Appendix 8

What happens when domestic abuse is reported to the police?

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, wilful 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, detain and arrest 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 detained for interview or arrested where there is sufficient evidence.

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 (although this is under review at time of publication). 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.

Where there is no corroboration police have no power to arrest and charge an individual. However, they can detain a suspect to carry out further investigation and seek evidence about any allegations made.

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 appear from custody the next working day in front of a Sheriff and will be given the opportunity 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), following upon conviction.

A handy summary can be found at www.rlclaw.co.uk/advice/solemn-procedure

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 9

Useful contact numbers

Social Work Reception Services/ Emergency Social Work Service (Out of Hours)	0303 123 1008
Emergency	999
Police Scotland	101
(ask for Lanarkshire Domestic Abuse Investigation Unit)	
Women's Aid South Lanarkshire and East Renfrewshire	01355 249 897
Hemat Gryffe Women's Aid (for Asian, Black or Minority Ethnic Women)	0141 353 0859
EVA Services	01236 707767
Domestic Abuse Helpline (24hrs)	0800 027 1234
Lanarkshire Rape Crisis Centre	01698 527 003
Victim Support	01698 30 1111
Homeless Out of Hours Service	0800 24 2024
Men's Advice Line (for men in abusive relationships)	0800 801 0327

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 Phone: 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
Scottish Women's Rights Centre Lanarkshire surgery www.scottishwomensrightscentre.org.uk	01698 527006
Childline – about anything	0800 1111
Breathing Space – feeling down or depressed	0800 838 587
Child Law centre for legal advice	0800 328 89 70
National LGBT Helpline	0300 999 5428
Know the Score – information on drugs	0800 587 58 79

If you need this information in another language or format, please contact us to discuss how we can best meet your needs.

Phone: 0303 123 1015

Email: equalities@southlanarkshire.gov.uk

www.southlanarkshire.gov.uk