



QUESTIONS TO CONSIDER TO IDENTIFY RISKS TO AND IMPACT OF DOMESTIC ABUSE ON CHILDREN

It is important that, where possible, information is sought from all those involved – parents, children, professionals, other family members (where safe and appropriate). This will help make sure that we get as accurate and full a picture as possible and bring out any different or conflicting perspectives.

These questions and the Level of Need table are drawn from government guidance on tackling domestic abuse, Barnardo's Matrix for assessing risk to children and local professional and client experience.

A.	What is the nature and risk level of domestic abuse taking place in the household? (if completed include results of Risk Indicator Checklist – RIC - including questions re mental ill health and substance misuse)	
B.	Where is the Child or Young Person when abuse is taking place?	
C.	Does the Child or Young Person try to intervene?	
D.	Does the abuser also directly harm or hurt the child?	
E.	Is the Child or Young Person involved in the abuse e.g. abuser uses them as part of their abusing?	
F.	Is the child showing any signs of impact – changes in behaviour, confidence, health and wellbeing?	
G.	Is the Child or Young Person taking responsibility for protecting siblings?	
H.	Does the Child or Young Person feel afraid, guilty, isolated as a result of the abuse? Or think it's normal?	
I.	Does the Child or Young Person have a safety plan and can they implement it?	
J.	Is the abuser the child's parent or significant carer and do they have a relationship with that person? Is that relationship safe and positive for them?	
K.	Do any child arrangements (contact) compromise the safety of the child/parent?	

L.	Does any factor in the child or young person's profile make it harder for them to be safe? E.g. very young age, learning difficulty, disability...	
M.	Is the abuser being held to account through the criminal or civil justice process – charges, conditions, orders.... And is it working?	
N.	Does the abuser recognise the impact of their abuse on their child?	
O.	Is the abuser willing to be supported to change?	
P.	Is the victim able to recognise the impact on their child?	
Q.	Is the victim able to prioritise their child's needs?	
R.	Is the victim planning to remain in the relationship? <i>(NB leaving may be safer long term but is the highest risk period)</i>	
S.	Is the victim taking protective action to safeguard their child?	
T.	Is either parent engaging with services to support change?	

You need to put answers to these questions together with information about the child's more general vulnerability and resilience and the parent's willingness and capacity to protect and meet needs.

SAFETY PLANNING AND SERVICES

Everyone has a responsibility to safeguard and you should follow your safeguarding procedures at all times where there is concern about risk and harm to children - contact **iCART** on 0151 907 8305

You can also refer adult victims of domestic abuse to **Halton Domestic Abuse Service**. Consent is good practice but not essential for victims in high risk cases. The service offers advice/information – 0300 11 11 247

For online resources, tips and tools as well as information relating to all specialist services offered across Cheshire – www.openthedoorcheshire.org.uk

Training is also advertised www.haltonsafeguarding.co.uk



LEVEL OF NEED and escalation/de-escalation

Each child/family and situation is different so it is not possible to give definitive guidance as to levels of intervention but the table below lists some key related factors. The correct level of intervention may be indicated by a combination of factors or one or two major high risk concerns.

	VICTIM EXPERIENCE	CHILD EXPERIENCE	ABUSER
CHILD IN NEED OF PROTECTION	Scores 14+ on Adult Risk Indicator Checklist (RIC) and is or has recently been to MARAC Incidents repeatedly resulting in police and/or medical intervention Minimising seriousness or very fearful Unable or unwilling to protect/prioritise child Reluctance to engage with services Poor mental health Substance misuse issues History of abusive relationships	Child 1 or under or 'in utero' Child regularly/directly exposed to DA Child directly abused/neglected Child is conflicted about or unwilling to have 'contact' with abuser Resilience factors low Child fearful, aggressive, self harming, isolated, neglected Child acting as carer/protector Child feels responsible Sexualised or sexually harmful behaviour	Repeated and serious abuse Including sexual violence, strangulation/use of weapons Criminal justice history – sanctions ignored or broken Does not recognise responsibility nor effects No empathy/remorse Drug/alcohol/MH issues Known to MAPPA Extreme jealousy/controlling Suicidal/homicidal threats/intent History of serious DA
	VICTIM EXPERIENCE	CHILD EXPERIENCE	ABUSER
	Scores 9 – 13 on Adult RIC Abuse becoming/been pattern Some police or medical intervention Victim fearful or minimising Victim resisting services Victim capacity to protect self and children compromised – factors relating to self/abuser Victim has related substance misuse/mental health issues Victim isolated or worn down Previous relationships abusive Victim has family/friend support	More frequent exposure to abuse Query abuser also abusing child Child is fearful Signs of impact on emotional wellbeing Signs of neglect Some resilience factors e.g. safe significant other Contact/parenting by abuser experienced as positive to some degree but safety not assured Some capacity to protect self if there is escalation	More frequent pattern of abuse including physical Criminal justice interventions Minimal recognition of responsibility for harm, effect on child Concerns re mental health and/or substance misuse Minimal use of protection strategies e.g. not drinking, removing self from situation Some compliance with court orders e.g. harassment Resistance to services
CHILD IN NEED	VICTIM EXPERIENCE	CHILD EXPERIENCE	ABUSER
	Scores 8 or below on Adult RIC and no evidence of minimisation Relationship over or ending and abuser has accepted this Victim able to protect and care for children with support Victim fear level not impacting capacity to take action Victim willing to engage with services/has support network	Child not regularly/significantly exposed to abuse Child shows some resilience and ability to process experience Impact on emotional wellbeing can be addressed with short term support Child has positive relationship with 'abuser' Safe and appropriate 'contact' arrangements in place	Incidents/episodes not frequent or prolonged Some recognition of responsibility for harm when these occur Engaging with help Using de-escalation strategies Parenting is 'good enough' Compliance with contact arrangements & court orders Does not threaten/involve child
CAF			

Halton Domestic Abuse Family Service (HDAFS) provided by Catch-22 specifically work with families at level two and Level three where domestic abuse has been identified and victims/survivors and children remain in the home with the perpetrator, or continue to be significantly affected by the abuse that has occurred. The service provides safety planning to children and young people to support them with keeping safe within the home and how and where to access support; and a structured domestic abuse programme for victims/survivors that ensures risk reduction strategies and education and awareness around domestic abuse and the impact that this has on parenting and children . HDAFS receive referrals directly from Children's Social Care.