ACKNOWLEDGEMENT

The Department for Child Protection and Family Support is committed to improving outcomes for Aboriginal children, families and communities that come into contact with the child protection system. This document should be read in conjunction with the *Aboriginal Service and Practice Framework 2016-2018*, designed to support and sustain this commitment.

Aboriginal law and culture is central to the health, safety and wellbeing of Aboriginal people. The Department for Child Protection and Family Support recognises that:

- Aboriginal and Torres Strait Islanders are the first people of Australia;
- the cultures of Aboriginal people are dynamic and continue to evolve and develop in response to historical and contemporary circumstances;
- dispossessment, interruption of culture and intergenerational trauma have significantly impacted on the health and wellbeing of Aboriginal people, and that they share a continuing legacy of resilience, strength and determination;
- Aboriginal people and communities are diverse in gender, age, languages, backgrounds, sexual orientations, religious beliefs, family responsibilities, marriage status, life and work experiences, personality and education levels; and
- the contributions of all Aboriginal people to generating new ideas and innovative solutions to improve health, safety and wellbeing are valuable.¹

**Language** - The word Aboriginal is used throughout this document and is inclusive of Aboriginal and Torres Strait Islander peoples.

Family and domestic violence is a prevalent issue in the Western Australian community. The Department for Child Protection and Family Support has developed workplace policies and procedures for supporting staff who are experiencing or perpetrating violence. To find out more, [click here](#).

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¹ Adapted from the *National Aboriginal and Torres Strait Islander Health Plan 2013-2023*. 
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Introduction

Assessments of whether a child has been significantly harmed, or is likely to be significantly harmed, as a result of exposure to family and domestic violence requires child protection workers to form a professional judgement based on the information/evidence available and their knowledge of family and domestic violence.

The aim of this toolkit is to support child protection workers to form an evidence based professional judgement, guided by the following three questions:

1. Has a child been significantly harmed as a result of exposure to family and domestic violence?
2. Is a child likely to be significantly harmed as a result of exposure to family and domestic violence?
3. Is further Department involvement required to reduce or manage the risk of likely future harm?

To do this, the toolkit is divided into three sections including: information needed to assess emotional abuse – family and domestic violence; tools and resources to assist child protection workers gather the information they need; and prompts and information to support analysis including example harm statements, danger statements and safety goals (see Figure 1 for further information). The tools and examples are drawn from a combination of evidence based practice (research) and practice based evidence.

The toolkit is grounded in the Signs of Safety: Child Protection Practice Framework and the information, resources and materials developed for Signs of Safety Aboriginal Way. The processes outlined in the toolkit mostly align to Safety and Wellbeing Assessments however, the principles, information and examples can be adapted to a range of assessment contexts.

The primary client in mind during the development of this resource is Aboriginal children and their families. Aboriginal children account for more than half of all children in the Department’s care. A prevalent and significant issue within Aboriginal families is family violence. Up to 1 in 2 Aboriginal women and children experience intimate partner or family violence (ABS, 2008). Aboriginal women are 35 times more likely than non-Aboriginal women to be hospitalised as a result of a family violence assault (AIHW, 2006), and are significantly over-represented as victims of family violence homicide (Ombudsman, 2014). It is imperative that our assessment processes are tailored to Aboriginal children, people and families as a first priority, particularly in the area of family violence.

Relevant resources

This assessment toolkit should be read in conjunction with the following practice guidance:

- **Family and Domestic Violence Policy** (includes definitions of ‘exposed’ and ‘act of family and domestic violence’)
- **1.2 Signs of Safety – The Department’s Child Protection Framework**
- **4.1 Assessment and Investigation Processes**
- **5.1 Assessing Emotional Abuse - Family and Domestic Violence**
- **Emotional Abuse – Family and Domestic Violence Safety Planning Toolkit**
Figure 1: Assessment toolkit structure

Assessment questions

- Has a child been significantly harmed as a result of exposure to family and domestic violence?
- Is a child likely to be significantly harmed as a result of exposure to family and domestic violence?
- Is further Department involvement required to reduce or manage the risk of likely future harm?

Section one: Information needed to assess emotional abuse – family and domestic violence (see pages 6–10)

1. The perpetrator's pattern of behaviour.
2. Impact of family and domestic violence on the child.
3. Existing strengths and/or safety for the child and adult victim including the perpetrator's preparedness to change/engage in safety planning processes.

Section two: Gathering the information (see pages 11–25)

1. Internal consultation.
2. Information available from partner agencies or services.
3. Determining the primary aggressor.
4. Preparing for interviews (principles of engagement).
5. Interview with the child/ren.
6. Interview with the adult victim.
7. Interview with the perpetrator.
8. Information gathered from family or other community members.

Section three: Analysing the information (see pages 26–32)

1. Definitions of evidence and significant harm.
2. Prompts about forming a professional judgement about whether a child has been significantly harmed, or is likely to be significantly harmed.
3. Example harm statements, danger statements and safety goals.
4. Fact sheets including: perpetrator behaviours, emotional harm caused by family and domestic violence; and parent/s capacity to protect and family and domestic violence.
Section one:

Information needed to assess emotional abuse – family and domestic violence

The following information is required to assess whether a child has been significantly harmed or is likely to be significantly harmed as a result of exposure to family and domestic violence:

1. The perpetrator’s pattern of behaviour.
2. Impact of family and domestic violence on the child.
3. Existing strengths and/or safety for the child and adult victim including the perpetrator’s preparedness to change/engage in safety planning processes.

Perpetrator patterns of behaviour

Understanding the perpetrator’s pattern of behaviour will provide information about the child and adult victims’ experiences of violence and abuse, the likely impact/harm that may have occurred as a result, the level of risk the perpetrator poses to the child and adult victim in the future and the specific behaviours that need to be managed to increase safety. There are four key elements to understanding the pattern of behaviour:

- the history of violent and abusive behaviour;
- the most severe episode of violence or abuse;
- the most recent episode of violence or abuse; and
- high risk indicators.

The history of the perpetrator’s abusive behaviour provides information about the range of abusive and violent behaviours used over time including whether or how a child has been targeted, placed at risk and/or used to coerce or control the adult victim. Understanding the history is critical for assessing/understanding cumulative harm to the child and assessing likelihood of harm to the child. An increase in the frequency or severity of violence indicates that the perpetrator’s behaviour will likely continue and worsen over time, without effective intervention. History can also include exploring the perpetrator’s use of violence in previous relationships.

The most severe episode of violence provides information about likely significant harm to a child or likelihood of significant harm in the future. It provides information about how far the perpetrator is willing to go to harm, intimidate and control the child and adult victim. It also helps to establish a benchmark or reference point from which other assaults (past or future) can be discussed e.g., is it worse than the time...

The most recent episode of abusive behaviour is often the incident that has precipitated intake. It may represent an escalation in severity and/or a particular episode of emotional abuse (exposure) to the child. Exploring the most recent episode of violence will provide a reference point for interviews with the child, adult victim and person using violence.
When establishing the history, the most severe episode of violence and the most recent episode of violence, workers should be listening for and enquiring about behaviours and tactics that are evidence based indicators of **high risk of harm including homicide**. These behaviours are outlined below. As a general rule, the more high risk behaviours identified, the greater the likelihood that a child has been significantly harmed and the greater the risk the perpetrator poses to the child and adult victim in the future (likelihood of harm) (Campbell, 2003).

**Behavioural indicators of high risk include that the perpetrator has:**

- used a weapon (*this can include an object used to threaten or inflict physical harm*);
- physically harmed or threatened to harm adult victim;
- threatened to kill the adult victim;
- harmed or threatened to harm or kill the children;
- harmed or threatened to harm or kill pets or other animals;
- raped or sexually assaulted adult victim;
- demonstrated high levels of jealousy, possessiveness and/or controlling behaviours toward the adult victim;
- choked, strangled or suffocated the adult victim or attempted to do so;
- stalked or followed the adult victim (could include harassing and/or monitoring the adult victim using others or technology);
- attacked the adult victim while she is holding or caring for the child;
- threatened or attempted suicide;
- increased the frequency or severity of the violence and abuse; and
- breached protection orders including police orders, violence restraining orders, parenting orders, protective bail conditions, parole.

**Situations that are often related to an escalation in the perpetrator's use of violence include:**

- pregnancy or new birth of a baby;
- during or following separation including times when the adult victim is taking definitive steps to protect herself and the child e.g., engaging services, applying for a violence restraining order, seeking parenting orders;
- during service intervention including police or child protection;
- periods of grief and loss;
- financial stress including housing instability and/or homelessness; and
- misuse of drugs and/or alcohol.

The indicators of high risk outlined above are drawn from the *Family and Domestic Violence Common Risk Assessment and Risk Management Framework, 2015*. A tool is available for keeping track of the risk indicators evident in the case, [click here](#) for a copy.
Impact on the child

Children living with and exposed to family and domestic violence can be impacted in a range of ways by the behaviours and actions of the person using violence. Some examples of the perpetrator behaviours that have a direct impact on children are outlined below. Recognition of these behaviours and their impact on children is important for understanding the cumulative harm arising from a child’s exposure to family and domestic violence.

Perpetrators of family and domestic violence abuse children by:

- using violence and abuse to control their partner and children including physical assaults, sexual assaults, yelling, threatening, standing over, destroying property and harming pets;
- creating an environment that is unpredictable, characterised by fear and uncertainty;
- demanding that their needs are prioritised over their children and partner;
- undermining, sabotaging and/or blocking the care, protection and parenting of the children. This can include deliberately sabotaging safety plans and/or other case plans that have been developed with the children’s mother;
- using the children to coerce or control such as making the mother leave at least one child with the perpetrator at all times, to stop her from trying to escape;
- causing the family to become homeless through eviction or their refusal to be a safer parent, resulting in the mother and children being forced to leave the house for their own safety;
- blaming or scapegoating the child for their use of violence;
- using all the money and/or accumulating significant debt in their partner’s name; and
- isolating the family from social supports and networks (Bancroft, Silverman & Ritchie, 2011; Hooker, Kaspiew & Taft, 2016).

Figure 2 provides a visual representation of the ‘pathways to harm’ for a child exposed to family and domestic violence. The diagram is adapted from Safe and Together and aims to demonstrate the holistic impact of the perpetrator’s pattern of behaviour, including effect on partner’s parenting and overall family functioning, on the child. Please note that the examples provided in the diagram are not exhaustive.

A further useful resource is the Child Development and Trauma Guide which is a related resource attached to CPM 4.1 Assessment and Investigation Processes click here for a copy. The Child Development and Trauma Guide describes social, emotional and behavioural indicators of trauma related to a child’s age and stage of development.
Perpetrator’s Pattern
Violent and abusive tactics to coerce and control the child and adult victim

Perpetrator undermining partner’s parenting
Constant criticising or undermining
- children learn to disrespect/ignore victim

Demanding focus and attention
- energy goes into meeting perpetrator’s needs

Limited active participation in child care

Interference with a day to day routine and basic care
- appointments missed
- missed meals (e.g. lunches for school)
- children absent or frequently late for school
- trauma or physical injury suffered by the adult victim as a result of the violence can affect their capacity to care for the child

Perpetrator disrupting family functioning

Financial
- victim unable to (or prevented from) working
- perpetrator restricts access to money and/or takes money to use for himself
- victim unable to leave relationship due to financial dependence on perpetrator

Housing
- frequent moves – loss of social connections, child forced to change school
- leaving the house to escape violence
- high risk of homelessness

Loss of contact with family or community
- less social support
- less visibility in the community
- disconnection from culture/heritage

Harm to the child

Emotional harm
- confusion, fear and sadness
- anxiety/depression
- self-harm/suicidal behaviour
- anger/aggression
- poor coping skills
- externalising/misbehaviour
- lack of social skills
- loss of family/friend support
- poor performance at school
- regressed behaviour
- failure to reach developmental milestones

Physical injury

Neglect

© David Mandel, Safe and Together
Existing strengths

Determining likelihood of harm and whether the Department has a further role in creating safety for a child exposed to family and domestic violence, requires an assessment of existing strengths and the extent to which these have been demonstrated as safety in relation to the risk/danger posed by the person using violence. An assessment of existing strengths requires exploration of: strengths of the adult victim; strengths of other family or community; and willingness of the perpetrator to choose to be a safer parent and partner, and work with the Department to safety plan. Whether or not the strengths can be demonstrated as safety in relation to the danger is covered in the ‘analysis’ section (see page 26).

All child and adult victims resist and respond to violence in an effort to make themselves safer and moderate/reduce harm (Wade, 1997; Renoux & Wade, 2000). These behaviours can exist on a continuum from micro or reflex behaviours to purposeful and deliberate efforts to seek out safety. Exploring these behaviours is important for building rapport with the adult victim; identifying and acknowledging the (often) significant efforts to protect a child from harm; and amplifying the intent and deliberate nature of the perpetrator’s behaviour. The areas to explore include, but are not limited to, what do the good times look like (e.g., are there periods of time where there is no violence or abuse); what do the child and adult victim do when they sense / fear a build-up to violence or abuse; what do they do to protect themselves during an episode of violence or abuse; and how do they protect and support each other following an episode of violence or abuse.

Family and community can be a source of immense strengths and potential safety (Blagg, Bluett-Boyd & Williams, 2015). As with adult and child victims, strengths can exist on a continuum including (but not limited to) emotional and practical support, calling the police or other services, providing accommodation and checking-in to see that everyone is ok. The strengths / safety of family and community should be explored with the adult victim and child in the first instance.

In addition to the strengths exhibited by the child and adult victim, family and community, it is important that assessments include information about the perpetrator’s level of insight and willingness to work with the Department to be a safer parent and partner. In the majority of cases, the strengths exhibited by the child, adult victim, family and community will not translate to safety IF the perpetrator is not prepared to take steps to change their behaviour OR the perpetrator’s use of violence is not contained in another way e.g., legal intervention (Mackay, Gibson & Beecham, 2015; Mandel, 2010).
Section two: Gathering information

The following information, tools and resources are provided to support planning for the assessment and gathering relevant information:

1. Internal consultation.
2. Gathering information from partner agencies.
3. Determining the primary aggressor.
4. Engaging families / conducting interviews.
5. Interview with the child.
6. Interview with the adult victim.
7. Interview with the perpetrator.

Internal consultation

Internal consultation should occur early in the assessment process and/or if the assessment gets stuck. Note: Although it is important to consult early, case progress should not be held up or delayed for the sake of waiting until after a consultation has occurred.

Consultation should involve district staff that are involved in the case (e.g., child protection worker and team leader) and where useful or appropriate ‘specialist’ staff relevant to the presenting type of abuse and cultural background of the family such as Aboriginal Practice Leaders, district Psychologist and Senior Child Protection Worker – Family and Domestic Violence.

The consultation can and should serve multiple purposes including:

1. clarify the likely primary abuse and focus of the assessment. This is particularly important in cases where there are complicating factors and/or co-occurring types of abuse;
2. prepare a draft danger statement and draft safety goal to frame the assessment;
3. clarify what needs to happen next to obtain and analyse information about the perpetrator’s pattern of behaviour, impact on the child and existing strengths or safety;
4. discuss and plan strategies for safely and respectfully engaging families;
5. use scaling questions to generate discussion about danger and safety; and
6. discuss and plan strategies for addressing immediate safety concerns (if relevant).

Like any consultation, child protection workers should be prepared and approach the consultation with purposeful questions and/or areas that they would like to discuss. Over the page is a template which includes example questions or prompts to help workers prepare for the consultation.
## Internal mapping or consultation – questions or prompts for discussion

<table>
<thead>
<tr>
<th><strong>What are we worried about?</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>What information do we have about the perpetrator’s pattern of behaviour, including:</td>
</tr>
<tr>
<td>- history of violence</td>
</tr>
<tr>
<td>- most severe episode of violence</td>
</tr>
<tr>
<td>- most recent episode of violence, and</td>
</tr>
<tr>
<td>- high risk behaviours?</td>
</tr>
<tr>
<td>What information do we have about impact on the child?</td>
</tr>
<tr>
<td>Are there any safety issues or concerns for the worker?</td>
</tr>
<tr>
<td>What information do I still need to gather (missing information)?</td>
</tr>
</tbody>
</table>

**Draft danger statement**
CPFS is worried that [person responsible] will [behaviour pattern of concern including description of a specific episode of violence] and the child will [harm to the child].

**Complicating factors**
What are the social, cultural, economic or other factors that increase vulnerability of the child or adult victim and/or complicate the case.

<table>
<thead>
<tr>
<th><strong>What is working well?</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>What information do we have about the strengths of the adult victim?</td>
</tr>
<tr>
<td>What information do we have about safe family and community members surrounding the child?</td>
</tr>
<tr>
<td>What information do we have about the strengths of the perpetrator?</td>
</tr>
<tr>
<td>Is there any demonstrated safety that we know of?</td>
</tr>
<tr>
<td>What information do I still need to gather (missing information)?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>What needs to happen?</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>What strategies can I use to safely engage the adult victim? What tools, people or resources will support meaningful, respectful discussion?</td>
</tr>
<tr>
<td>What strategies can I use to safely interview and/or sight the child? What tools, people or other resources will support a successful interview?</td>
</tr>
<tr>
<td>What is the best way to approach and engage the perpetrator? What will be the focus of the interview? What tools, people or other resources will support meaningful and respectful discussion?</td>
</tr>
<tr>
<td>Who are the services, family or community members who can provide relevant information?</td>
</tr>
<tr>
<td>Who are the family, community members or services who can support safe contact with the adult victim, child, and person using violence?</td>
</tr>
<tr>
<td>What are the immediate safety concerns that need to be managed?</td>
</tr>
<tr>
<td>What is the status of outstanding criminal and/or legal interventions (civil, family)?</td>
</tr>
<tr>
<td>What information do I still need to gather (missing information)?</td>
</tr>
</tbody>
</table>

**Draft safety goal**
What the Department needs to see to be confident that the child and adult victim will be safe at home.
Gathering information from partner agencies

Families experiencing family and domestic violence come into contact with many agencies including (but not limited to) Western Australia Police, the courts, family and domestic violence services, counselling services, housing providers/tenancy support, health services, day care centres and schools.

The *Children and Community Services Act 2004* enables the Department to exchange information about family and domestic violence with government agencies, schools, non-government providers¹, corresponding authorities², and interested persons³.

To support the exchange of information, the Department has a number of agreements and Memorandums of Understanding with partner agencies. These are too numerous to list but include agreements that the Department can access the following critical pieces of information:

- pre-sentence reports and psychological reports from the Department of Corrective Services (s. 24A of the *Children and Community Services Act 2004*);
- criminal history and previous Domestic Violence Incident Reports from Western Australia Police (NB: all Domestic Violence Incident Reports from 15 December 2013 can be accessed from the Department’s Triage Application. Earlier reports may be available in objective files);
- risk assessments conducted by family and domestic violence services including refuges, safe at home, outreach, court support and advocacy programs;
- details from health services about assault related injuries. This may include (but is not limited to) Aboriginal Medical Services, hospitals, nursing posts and general practitioners;
- information from men’s behaviour change programs, or other services engaging with perpetrators, about risk, level of engagement, and behaviour change/progress as a result of the intervention; and
- information about the child’s presentation and behaviour, including from schools, child care centres, child health nurses or Child and Adolescent Mental Health services.

Form 542 *Request for Relevant Information*, Form 896 *Power to Obtain Copies of Certain Prescribed Reports in Relation to the Wellbeing of a Child or Children from the Chief Executive Officer (Corrective Services) – Adult*, and Form 897 *Power to Obtain Copies of Certain Prescribed Reports in Relation to the Wellbeing of a Child or Children from the Chief Executive Officer (Corrective Services) – Child* are available in CPM 1.7 *Mutual Information Exchange and Working with Agencies*, and are accessible via AAA forms.

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**A note on Domestic Violence Incident Reports (DVIRs):** DVIRs must be read and interpreted with caution. Police do not assess child safety and rarely ask about the history of family and domestic violence. The information contained in DVIRs is gathered at a time when individuals may be in crisis, frightened, intimidated by the police, substance affected or trying to minimise what happened. This means that DVIRs usually only represent the ‘tip of the iceberg’ of the level and nature of violence that has occurred and should be read in context of other information held by the Department and/or further follow-up with the adult victim.

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¹ Non-government – includes service providers funded by the Department, and organisations or individuals providing ‘social services’ under a funding agreement with one or more of the prescribed authorities.

² Corresponding authorities means a person in another state or territory, or another country, who has functions corresponding to the those of the CEO (s23).

³ Interested persons means a person who, in the opinion of the CEO, has a direct interest in the wellbeing of a child or a class or group of children (also see s23 and s96 for definitions related to children formerly in the CEOs care)
Determining the primary aggressor

In cases where the Department has received reports or information about both parties using violence, the child protection worker must attempt to determine the primary aggressor. ‘Primary aggressor’ refers to the person who poses the most serious and ongoing threat to safety and wellbeing.

Determining the primary aggressor is important for framing the assessment and preparing for interviews/discussions with each parent and the child.

For example, a woman who has been subjected to years of abuse from her partner, who uses a weapon to retaliate or defend herself, is (perhaps) a perpetrator of a crime, but is NOT the primary perpetrator of family and domestic violence. The primary perpetrator is the partner, who has used violent and abusive tactics over many years to coerce and control his partner and child. Therefore when approaching the interviews, child protection would interview mum using questions from the ‘adult victim’ example questions and interview dad using questions from the ‘perpetrator’ example questions.

For further information including prompts and questions, see the fact sheet Determining the Primary Aggressor, click here for a copy.
Engaging families / conducting interviews

Outlined below are principles, tips and other useful information to support child protection workers to engage families and conduct interviews.

1. **Consult:** The best thinking and preparation for interviews / family engagement are underpinned by consultation. Refer to pages 11-12 for further information.

2. **Plan:**
   a. be clear about the purpose of the interview;
   b. where is the most appropriate and safest place for the interview to occur;
   c. who is best placed in the district to conduct the interview;
   d. are there people (services, family or community) who can support rapport building and engagement; and
   e. are there rapport building tools that might be useful such as three columns, three houses, culture linkables or yarning pages.

3. **Equity of access:** is there a barrier that might impact on the parent or child’s ability to engage in the discussion/interview such as:
   a. Is English a second (or third or fourth) language? Click here 📩 for information about arranging an interpreter (including Kimberley Interpreting Service).
   b. Is the parent or child deaf? Click here 📩 for information about arranging an AUSLAN interpreter.
   c. Does the parent or child have a disability? Click here 📩 for further information including possible support people or services.
   d. Is there a family history of Department involvement including child removal? Consider talking to the parent/s about organising for a support person to be present.

   **Note that where multiple interviews or discussions are happening with the same parent / person, try to arrange for the same interpreter or support person to be present (if possible).**

4. **Start where the client is and take a flexible approach:** a person/client centred approach should be adopted, where possible.

5. **Be present, listen carefully:** sometimes the most valuable information comes through an organic interview process that starts where the parent/person/child is most comfortable. For this to happen it is important that child protection workers are ‘present’ in the discussion and are able to pick up on and explore ‘clues’ or other information, along the way.

6. **Keep trying:** if attempts to engage the parent / family / child have not worked, try again using a different approach.
Interview with the child

A note on the interview questions: The purpose of the example questions is to assist with planning. Workers should consider which of the questions are most useful for eliciting the required information and adapt the questions to language that is appropriate for the child. The example questions should NOT be used as a script.

The Children and Community Services Act 2004 is underpinned by the Principle of Child Participation (s10) which states that children should be given the opportunity to express their wishes and views in relation to decisions that may have a significant impact on their life.

When conducting safety and wellbeing assessments, child protection workers must sight and/or interview the child (practice requirement of 4.1 Assessment and Investigation Processes). In cases of emotional abuse – family and domestic violence, the purpose of an interview with a child is to gather their views / experiences, such as:

- the child’s experiences of family and domestic violence;
- how the perpetrator’s use of violence is impacting the child;
- the child’s feelings towards each parent;
- times when they feel safe and/or the good times at home; and
- any other information that may be relevant about the family.

In preparation for an interview, information should be gathered about the child’s age, stage of development and any factors, including cultural considerations, which may influence how the interview is approached.

Consent to interview the child should be sought from the adult victim. Any risks associated with interviewing the child should be explored prior to the interview. A decision to interview a child without the parent’s consent (s.33) must be approved by the Team Leader and the rationale must be documented.

ChildFIRST must be consulted if, at any stage during the assessment, it becomes apparent that the case involves sexual abuse or serious physical abuse or neglect likely to result in criminal charges.

See CPM 4.1 Assessment and Investigation Process and related resource Child Assessment Interview for further information about interviewing children, click here for a copy. Note that the interview activities described on the following page are drawn from this related resource.

Starting the interview

Start the interview by explaining who you are and why you are there. Try to build some rapport and put the child at ease. Tools such as three houses can be used during the rapport building phase of an interview. The tool and/or the imagery used should be adapted to the child’s cultural background, their interests, age and stage of development. Some examples are provided on page 18.
Rapport building questions can include:

- Tell me about the things you like to do the most. Who do you like to do that with?

- Tell me about the things you like to do with your family? Tell me more about that? What makes your family strong/happy/good? Tell me more about that.

- Tell me about things that make you feel happy? Tell me more about that.

- Who makes you feel happy/safe? Tell me more about [person child mentions]? What are the good things about this person? What does this person do to make you feel happy/safe?

- Who else makes you feel happy/safe? Prompts as above.

- What else makes you feel strong/safe/happy?

**Example questions to ask children about their experiences of family and domestic violence**

- Tell me about last night when the police came to your house [or other reference to an episode of violence]? Elicit details about the experiences of the child. Prompts include (but not limited to):
  
  What happened? Where were you? What did you see? What did dad do? What did mum do? What did you do/how did you react? How did that make you feel? Where was [sibling name]? What were they doing? What happened the next day? What was the most scary thing? What made you feel safe?

- Have there been other nights or times when this has happened? Tell me about them? What is the scariest time you can remember? What happened? Why did you feel scared or frightened?

- Tell me about the people who make you feel scared or worried? Tell me more about that?

- Tell me about a time when you have been worried that you or someone else might get hurt?

**Example questions to ask children about their home life**

Ask questions about the child's routines/home life to explore the relative roles/contributions of either parent. These questions may also indicate or reveal aspects of the coercion and control exerted by the perpetrator. To do this, any of the following activities could be used – likes and dislikes activity, feelings activity, helper activity or routines activity.

**Concluding the interview**

Ask the child if they have any questions to ask you. Ask the child who they will talk to if they are worried after the interview is concluded, if necessary review the people identified in ‘working well’ and undertake safety planning with the child. If appropriate provide the child the Kids Helpline number [1800 55 1800]. Explain what will happen next and end the interview on a happy topic.
Examples of tools to help build rapport with children

Three Houses click here 🕵️‍♂️ for an explanation, see CPM 1.2 Signs of Safety – The Department’s Child Protection Framework for a copy/template, click here 🕵️‍♀️.

![Three Houses Diagram](image)

© Nicki Weld, Maggie Greening

Turtle tool

In the Turtle tool diagram:

- The ‘tracks’ are the worries or the things that you what to leave behind / get away from.
- The body is the things that you want to keep safe, the good things in life.
- The bubbles are the dreams or the things you want to ‘swim’ (or work) towards in life.

Developed by Roni Kerley, Aboriginal Practice Leader

Three animal shelters

In the animal shelter resources, descriptions of the animal are provided linked to ‘good things’, ‘worries’ and ‘dreams’. See the crocodile example below and a range of other examples using different animals in the Signs of Safety Aboriginal Way resources.

Solid Country

Crocodiles are very protective. They plan for a safe nest to nurture their eggs and fiercely defend the nest from intruders. They have a high sense of smell and ridges on their back which provides protective armour.

Country of Worries

Crocodiles worry about flood water drowning their eggs and worry that predators like birds of prey, goannas, dingoes etc. will steal and eat their eggs or babies. Crocodiles worry about being hunted by humans for leather or meat.

Country of Dreams and Hopes

Crocodiles have plenty to eat and all of their eggs hatch safely and their babies survive. The mother crocodile looks after her babies and sometimes carries them in her mouth to take them to the water.

Developed as part of the resources for Signs of Safety Aboriginal Way
Interview with the adult victim

A note on the interview questions: The purpose of the example questions is to assist with planning. Workers should consider which of the questions are most useful for eliciting the required information and adapt the questions to language that is appropriate for the person being interviewed. The example questions should NOT be used as a script.

Child protection workers must speak to the adult victim without the perpetrator present to:

- identify any immediate safety concerns that need to be managed;
- gather information about the perpetrator’s pattern of behaviour including the history of violence, most severe episode of violence, most recent episode of violence and high risk behaviours;
- gather information about the child’s exposure to violence and impacts;
- gather information about existing strengths or safety including behaviours or actions that reduce the child’s exposure to violence and/or reduce emotional harm;
- support referral to a family and domestic violence service;
- discuss how the Department can best engage the person using violence; and
- discuss how the Department can safely communicate and work with the adult victim.

A good rapport and working relationship is critical for both the assessment and safety planning process. It is therefore important that all conversations with the adult victim reiterate that the Department is concerned for their and their child’s safety, and that they are not responsible for harm to the child. To support the adult victim to feel safe and comfortable, they should be offered the opportunity to bring a support person with them to the interview or other meetings with Department staff.

The following questions are examples of the kinds of questions that could be asked to elicit information and generate conversation with the adult victim. The interviewer must be aware of indicators of high risk (see page 7) and be prepared to ask further questions to elicit more information as needed. Multiple interviews/meetings may be required depending on how long the interview is taking, how much information is gathered and the quality of the rapport developed.

Tip: many victims of family and domestic violence (adult and child) blame themselves for their partner’s violence. To avoid reinforcing this belief, it is important to avoid mutualising language such as “fighting” or “violence between”.

Introducing the Department’s concerns and eliciting information about the victim’s assessment of her own and her children’s safety

- Is it safe for you to talk right now? (phone calls, home visits) When is it safe for me to call/come back?
  Clarify the reason for the Department’s involvement, being clear that the Department is worried about the perpetrator’s behaviour and wants to work with the adult victim to keep her and the children safe.

- Tell me about what happened on [reference to date/time when perpetrator used violence]? Ask questions about the build-up, the assault, where the children were, what they saw/did, how they reacted, what made the assault stop, what happened after that, including the child/ren’s behaviour and responses.
• When was the first time something like this happened?
• Is it getting worse? Tell me more about that?
• Are there times when you are worried about yourself and your children’s safety? What worries you?
• What are your worries about [perpetrator’s name]?
• Have you ever felt afraid of your partner? Tell me about that.
• Can you tell me about the worst time you remember?
• Has anything else happened since [episode or assault that led to notification to the Department and intake] tell me about that?
• What is your worst fear?
• Has your partner ever threatened you, your children, pets, or your family? Tell me about that. Do you believe that he would follow through with it? Why or why not?
• Does your partner ever do things to make it harder for you to be the mum you want to be? This can be used as a lead in to explore alcohol, drugs, mental health, disrupting parenting, criticising or undermining.
• Is [partner] the father your children would want him to be?
• Is there anyone else that you are worried about? (e.g. perpetrator’s family)

Exploring strengths
• What would your children say is the best thing about your family?
• What would the children say are the best things about you as a mum?
• Tell me some of the things you do to keep the children happy and healthy?
• Is there someone who helps you and the kids? What do they do? Do they know what is going on? Explore safe people.

I know that there are probably lots of things that you do to protect the kids, so I want to spend a bit of time talking about that…
• Tell me some of the things you do to deal with his violence? Tell me more about that?
• Tell me some of the things you do to keep yourself and the children safe?
• Are there times when you know that he might ‘go off’? How do you know? What do you do when that happens?
• Are there times when you have thought he was going to ‘go off’ and he didn’t? What was different? He chose to react in a different way? Can you tell me about that?

Perpetrator’s role as a father
• What would the children say was the best thing about dad?
• What would the children say they would like dad to do more of?
• What would the children say they would like dad to do less of?
• Does [name] help look after the kids? What kinds of things does he do?
• Does he do things that make it harder for you with the kids? *Explore undermining, sabotaging.*
• What are the things you would like him to do more of?
• Tell me about what he does to keep the children safe?
• Does [name] ever stop you from comforting or giving support or attention to your children?

**Questions to ask the adult victim about the impact on the children**
• Does [name] call the children names, belittle or yell at them?
• Are there times when the children are afraid of [name]? What do they do, what do you do?
• Where are the children when [name] is yelling, smashing things, threatening you, hitting you?
• How do the children react? What do they do afterwards? And the next day? *If she says they don’t react, ask - Why do you think that is?*
• Have the children ever been hurt during an assault?
• Do the children ever try to protect you or stop him? What happened? What did they do, how did he react?
• *Ask about specific behaviours if any are known e.g., child development, indicators of emotional wellbeing (e.g., withdrawn), child fighting/swearing at school?*
• Do you have any concerns about the children’s safety or their behaviour?

**If substance abuse or mental health issues are blamed for the perpetrator’s violence**
• Are there times when [name] has been violent and hasn’t been drinking or using drugs?
• Are there times when [name] has been drinking or using drugs but has not been violent? What is different about those times? (Were others present? Was it a public place?)
• Is [name] violent towards other people when he has been drinking/using drugs?
• What is [name] doing about his mental ill-health/substance abuse?

**Exploring the best approach to interviewing the perpetrator**
• Could it make things worse for you if I speak to [name]?
• Is there someone who should come with him, someone who can help make sure everything is ok when he gets back home?
• What is the best way to contact him?
• If he won’t come into the office, who could I speak to to help find him and arrange an interview?

**Concluding the interview**
Ask the victim if she has any questions to ask you, explain what will happen next, and explore whether there are any immediate safety issues for her or the children. If there are, undertake safety planning for any immediate safety issues This should include providing emergency contact numbers for the police, Crisis Care (1800 199 008) or the Women’s Domestic Violence helpline (1800 007 339).
Interview with the perpetrator

A note on the interview questions: the purpose of the example questions is to assist with planning. Workers should consider which of the questions are most useful for eliciting the required information and adapt the questions to language that is appropriate for the person being interviewed. The example questions should NOT be used as a script.

The purpose of interviewing the person using violence is to:

• convey the Department’s worries about the perpetrator’s use of violence and its impact on the child and adult victim NB: the basis of this conversation should be the notification received and/or information provided from police or other services. Information provided by the adult victim should not be disclosed as this may put her and the child at risk;

• explore their level of insight about the impact of their violence and abuse on the children; and

• explore their preparedness to work with the Department to develop a safety plan.

Note that the purpose of engaging the person using violence is NOT to get an ‘admission of guilt’, obtain their version of events or to gather ‘facts’ about what happened.

When planning an interview with a perpetrator of violence the following should be considered:

• Have realistic expectations: The interview (on its own) is unlikely to cause the perpetrator to be a safer parent or partner. However, it will provide important information for your assessment, send a clear message that violence and abuse causes significant harm to their child and partner, and may plant seeds for future behaviour change.

• Safety (child and adult victim, and worker): The interview with the perpetrator should be carefully planned in consultation with the adult victim to determine the best time to speak to the perpetrator, strategies to help find and engage him, how he may react to the conversation and strategies to manage risk and/or de-escalate (if needed) after the interview. To promote worker safety and avoid collusion, interviews should be conducted with two workers present. If there are indicators of agitation or aggression, acknowledge that the conversation is difficult and offer a short break, if necessary end the meeting and reschedule another appointment.

• Be respectful: It is not helpful or safe to take an argumentative approach, or be disrespectful.

• Be mindful of invitations to collude: Perpetrators of violence often minimise what happened, use mutualising language (fighting) or externalise the ‘causes’ of their violence and abuse e.g., she did this…, I was drunk, I’m the real victim, etc. ‘Collusion’ occurs when the worker consciously or unconsciously agrees with, or reinforces the narrative provided by the perpetrator. A good way to respond to this is to ask a relationship or an exception question (see examples below).

• Use accountable language: Avoid mutualising language such as ‘fighting’ or ‘argument’. Be specific about the behaviours of concern and use these in your questions. NB: this is prompted in the questions provided in the following pages.
Introducing the Department’s concerns and eliciting information about their use of violence (to help assess denial, insight, understanding). For example, “on [date] the Department received information about [describe assault / behaviours], we know that your child was in the house, and we are very worried about your partner and child’s safety. Can you tell me what happened?”

• Do you have any worries about your child’s safety? What are they?
• When was the first time you [list behaviours e.g., screamed, hitting, kicking] your partner?
• When was the last time you [list behaviours e.g., screamed, hitting, kicking] your partner?
• If I asked your partner/kids about the worst incident of violence what would they say?
• Are your partner or kids frightened of you? How do you know this? How does that make you feel?

Eliciting strengths (to help assess capacity/motivation to change, existing strengths)

• What would your kids say are the best things about their dad?
• What are some of the things that you do to help with your kids? [e.g., make meals, take to school etc. Be specific, how many times a day/week]
• Are there times when you would usually react with violence or abuse but you have chosen to do something else? Tell me about that.
• Is there a time when you have started to be abusive or violent and you have stopped because your children were there? Tell me more about that? What did you do instead?
• What are the earliest warning signs prior to becoming abusive or violent?
• What else could you do instead of becoming abusive or violent?
• What do you think an ideal father looks like or does?
• What stops you from being your ideal of a father?
• What are you doing/could you do to make things better for your family?
• What will it mean to your kids/partner when they know about the things you are doing to be a better dad.
• Thinking back on [reference episode of violence] what could you or would you do differently?
• What things in your family, culture or community promote healthy and strong families? Tell me more about that?
• Is [list behaviours] part of a health and strong family?

If substance abuse or mental ill-health are blamed for the violence:

• Are there times when you have [list behaviours] and you weren’t drinking or using drugs?
• Are there times when you have been drinking or using drugs but you didn’t [list behaviours]? What was different about those times? (were others present? Was it a public place?)
• Have you ever [list behaviours] other people, like work mates or strangers, when you have been drinking/using drugs? [if no] when you are with other people, what makes it easy for you not to use violence?
• What are you doing about your mental ill-health/substance abuse?
• Are there times when you have wanted to drink or use drugs that you have decided not to because you know you will [list behaviours]? Tell me more about that?
Assessing understanding about impact on the children

- How do the children react when you smash or break things?
- How do your children react when you [list behaviours e.g., hit or kick] their mother? Where do they go, what do they do. What happens afterwards. What do you think about that?
- Have your children ever tried to intervene or protect their mother?
- Even if the children don’t see or hear the violence, what do you think they notice about you, their mum, or the house afterwards? (e.g., injuries, broken items, dynamic between parents)
- Have your children seen you taken away by police? How did they react? What do they say to you about that?
- What would your children say frightens them about you?
- When your kids grow up, what memories would you like them to have and share about you?
- When your children grow up what do you think their relationships will be like? What would you think / do if your son or daughter was being hurt by, or hurting, their partner?
- How do you think [list behaviours] impacts on the children's relationship with you?
- How do you think [list behaviours] impacts on the children's relationship with their mother?
- How do you think [list behaviours] impacts on your partner’s ability to parent the children?
- If you were a child who saw your dad [list behaviours e.g., hit or kick] your mum, how would you feel?

When the perpetrator objects to the caseworker speaking to the victim alone

Explain that it is the Department's policy to meet and speak to parents separately, and if necessary ask the following questions:

- What worries you about your partner speaking to me alone?
- What is the worst thing that might happen?
- What do you think your partner would say to me about [list behaviours]?
- What do you think your partner would say she wants to change?
- Do you think your refusal makes me less worried or more worried?
- If you feel your partner needs support, who else do you think she would like to support her? (note: this is not so that the perpetrator can allocate a person to support the victim as this would be her choice)

Concluding the interview with the perpetrator

Be aware of tensions. Is the perpetrator leaving angry or agitated? Acknowledge that having the Department involved in his life can be stressful, and ask if he can think of a way that the Department’s involvement could result in something positive for him and his family. Ask what he plans to do after the interview ends and who can he talk to if he is feeling angry or stressed. Safety plan if appropriate including providing the Men's Domestic Violence Helpline card or number (1800 000 599) or offer a referral to the helpline and explain that someone from the helpline will contact him (rather than leaving it up to him to make contact).
Reflection

After the interview, it is important for child protection workers to reflect on the information obtained and what it means. These reflections should be included as part of the case note as they are important for relaying what information was obtained, and what it means for the overall assessment. Some example reflection questions are provided below:

Is the information provided by the perpetrator similar to the information provided by the child, adult victim and partner agencies? In what ways was it different? What does this mean?

On a scale of 0 to 10, where 0 is ‘[name] denies ever using violence or abuse’ and 10 is ‘[name] made full and specific disclosures about his use of violence and abuse’, where would you scale [insert name]? What does this tell me about likelihood of further harm?

On a scale of 0 to 10, where 0 is ‘[name] demonstrated no understanding about the impact of their violence and abuse on the child’ and 10 is ‘[name] demonstrated full understanding of how his violence and abuse affects his child’, where would you scale [insert name]? What does this tell me about likelihood of further harm?

What is the likelihood that, without further intervention, [name] will reduce or stop their use of violence?

Were there any red flags that I need to speak to the adult victim, police or other people about? (see page 7 for a list of risk indicators).

Did the interview increase or decrease my worries for the child and adult victim? Why?
Section three: Analysing the information

As stated earlier, the purpose of an assessment is to make the following decisions:

- Has a child been significantly harmed as a result of exposure to family and domestic violence?
- Is a child likely to be significantly harmed as a result of exposure to family and domestic violence?
- Is further Department involvement required to reduce or manage the risk of likely future harm?

To do this, child protection workers must form a professional judgement based on the information obtained about the child, adult victim and perpetrator; and their knowledge about child protection including family and domestic violence, trauma, child development and resilience (to name a few). The combination of research and case-based information enables an assessment and decisions relevant to the type of abuse, provides explanations about the impacts on the child (harm), and manages gaps in information.

Each of the key decisions is provided over the page, with prompts to support analysis. Fact sheets on a range of topics related to family and domestic violence are provided to assist workers to use/consider research to inform their professional judgements and manage gaps in evidence.

Note the terms ‘evidence’ and ‘significant harm’ are used throughout this section. Descriptions are provided below.

Evidence: The Department should present objective and balanced information demonstrating that abuse has occurred and its impact on the child. This involves:

- describing the child’s exposure to, and experience of family and domestic violence;
- demonstrating the impact on the child related to a single serious episode of family and domestic violence, or cumulative exposure (or both); and
- providing relevant information from other agencies.

Types of credible evidence include (but are not limited to) accounts from the adult victim and child, accounts from other people who witnessed the abuse or described impacts on the child, records of police attendance e.g., Domestic Violence Incident Reports, documentation about physical and emotional injuries to a child or adult victim e.g., health records or photographic evidence, documentation about property damage that may have occurred during an episode of violence e.g., property condition reports or photographic evidence, and summaries of relevant historical records including previous assessments of substantiated significant harm or likelihood of significant harm.
Significant harm⁶: “harm, in relation to a child, means any detrimental effect of a significant nature on the child’s wellbeing, whether caused by (a) a single act, omission or circumstance; or (b) a series or combination of acts, omissions or circumstances.” Wellbeing, of a child, includes the following —

- a) the care of the child;
- b) the physical, emotional, psychological and educational development of the child;
- c) the physical, emotional and psychological health of the child; and
- d) the safety of the child.

Has a child been significantly harmed as a result of exposure to family and domestic violence?

To substantiate that a child has been significantly harmed as a result of exposure to family and domestic violence, child protection workers must be able to provide the following:

- evidence of the perpetrator’s pattern of violence and abuse (multiple acts of family and domestic violence) OR evidence of a single severe act of family and domestic violence;
- evidence of the child’s exposure to an act of family and domestic violence (e.g., that the child saw, heard or witnessed the aftermath of an act of family and domestic violence); and
- evidence of the significant impact (emotional harm) on the child.

If harm is substantiated, a harm statement must be developed (see page 29 for further information).

Is a child likely to be significantly harmed as a result of exposure to family and domestic violence?

To substantiate ‘likelihood of significant harm’ as a result of exposure to family and domestic violence, child protection workers must be able to demonstrate the following:

- evidence of the perpetrator’s pattern of violence and abuse (multiple acts of family and domestic violence) including indicators of high risk OR evidence of a single severe act of family and domestic violence including indicators of high risk + research about the usual patterns of perpetrator behaviours;
- research and/or evidence about the likely impact on the child; and
- research and/or evidence about whether the identified strengths are likely to reduce or mitigate the risk posed by the perpetrator.

If likelihood of significant harm is substantiated, a danger statement must be developed (see page 29 for further information).

Is further Department involvement required to reduce or manage the risk of likely future harm?

To determine whether further involvement from the Department is required to reduce or manage risk (danger) clear information needs to be provided about the parent/s capacity to protect including whether (or how) the identified strengths create safety for the child and adult victim in relation to the danger.

If it is determined that the Department has a further role in increasing safety for the child and adult victim, a safety goal must be developed (see page 30 for further information).

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⁶ Harm is defined in s.28 of the Children and Community Services Act 2004. Wellbeing is defined in s.3.
Using research to manage gaps in evidence

It is often the case that clear evidence isn’t always available for all aspects of the assessment (harm, danger, protectiveness). Where this is the case, child protection workers must form and articulate a professional judgement that is informed by the case details and what they know about child protection including family and domestic violence, trauma, child development and resilience (to name a few).

To assist child protection workers to bring ‘research’ into their assessments, the following fact sheets have been developed:

1. **Forms of family and domestic violence**
   Summarises the different forms of family and domestic violence and provides examples of behaviours that may be used by a perpetrator within that type of abuse.

2. **Indicators of family and domestic violence**
   Provides a list of example behaviours or other indicators that an adult or child may be experiencing family and domestic violence. The information for children is broken down to age groups.

3. **Perpetrator characteristics**
   Provides examples of perpetrator behaviours and characteristics including typical parenting traits.

4. **Impacts of family and domestic violence on women**
   Summarises the impacts of family and domestic violence on adult victims and outlines examples of how an adult victim might resist violence.

5. **Impacts of family and domestic violence on children**
   Summarises the impact of family and domestic violence on children by age, and factors that might moderate or reduce harm.

6. **Responding to diversity**
   Summarises unique risks and vulnerabilities for women who are pregnant, Aboriginal women, women from Culturally and Linguistically Diverse backgrounds, women living in regional and remote locations and people of diverse sexuality and gender.

7. **Assessing parent/s capacity to protect**
   Provides an overview of the key considerations when determining whether the perpetrator has the capacity to be a safer parent and partner; and whether the strengths exhibited by the adult victim, family and community are likely to translate into safety (in relation to this risk/danger posed by the perpetrator).
Harm statements, danger statement and safety goals

All statements and questions must be written in clear/plain language that does not obscure or mutualise the perpetrator's responsibility for harming the child and adult victim. Outlined below are example harm statements, danger statements and safety goals. The purpose of these is to provide examples of ‘accountable language’ such as clearly stating the person responsible for causing harm (and therefore the person responsible for change), the behaviours that caused harm and the impact on the child.

Harm statements (past harm)

*Harm statements describe harm that has already occurred, who reported the harm, who caused the harm, the description of the behaviour that led to the harm, and the harmful impact on the child. The person using violence is the person causing the harm (not the adult victim). See examples below.*

<table>
<thead>
<tr>
<th>Who reported the harm</th>
<th>Whose behaviour caused the harm and what is the behaviour</th>
<th>Harm to the child</th>
</tr>
</thead>
<tbody>
<tr>
<td>David, Jody, Alex and Ricki</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

On 9 January police reported that David went to Jody's home and punched her with a closed fist at least 8 times, screamed and shouted at her, pushed her against a wall and used his forearm to choke her until she couldn't breathe and was gasping for breath. David then 'smashed up' the home with a hockey stick. Alex and Ricki saw or heard everything that happened, and afterwards they saw Jody's black eye, bruises, red marks on her neck, and saw an overturned coffee table, broken glasses and plates and two smashed windows on the house. Alex and Ricki told CPFS that when David was hurting Jody they were frightened and worried about their mum. They tried to get away from David by going to Alex's room, covering their ears and closing their eyes, but they could still hear Jody crying, and David yelling and smashing up the house. Since the assault, Ricki has had nightmares about his mum dying and worries that his dad will bash him. Alex has been withdrawn including only speaking a little bit, staying in his room, not wanting to go to school and not wanting to spend time with the family.

Shaun, Jenny and Chloe

On 12 January, 23 July, 31 July, and 5 August police reported that they were called to Shaun and Jenny's house because Shaun was shouting, swearing, punching walls and doors and punching Jenny. Twice when police attended Jenny had bruising and red marks on her face, and Chloe was sobbing and clinging to her mum. On 5 August Shaun threatened Jenny with a knife. Chloe was crying loudly and when Jenny went to comfort her Shaun pushed her to the ground and held the knife to her throat. Jenny is very frightened of Shaun and can't do anything without him knowing about it or trying to control her and sometimes he stops Jenny from visiting her family or taking Chloe to her appointments. Chloe is behind in her developmental milestones including talking, and is very timid. She is rarely happy to leave her mum and gets distressed quickly when Jenny is not in sight.
Danger statements (future danger) and safety goals

Danger statements describe who is worried, identifies the specific person and behaviour they are worried about, and the risk of future harm to a child if nothing changes.

Safety goals describe what the Department wants to see the parent/s doing instead to be confident that the child will be safe at home.

The aim of danger statements and safety goals is two-fold, one to provide clear ‘goal posts’ for work with the family; and second to connect with parent and families in a meaningful way that inspires or motivates change. They must be written in plain language and be tailored to the child and family e.g., what are their worries for the child, what do they want to see happen. See examples below.

**Danger statement**

Identifies the perpetrator as the person responsible for the violence, harm to the child and the Department’s worries. The danger statement should include the episode of violence that led to current investigation, contextual information about the pattern of violence including (if relevant) how it reduces or affects the adult victim’s capacity to protect, and, impact on the child.

**Safety goal**

Should be pitched at what is ‘safe enough’ for the child and what this looks like e.g., behaviours that need to be demonstrated, observed and reported by adult victim and safety network. Must include being a safer parent and partner. Use language that creates buy-in for the parents. Not just stopping physical violence, adult victim feeling safe and being able to make choices is just as important.

**Danger statement (Debbie, John, Zac and Billy)**

The Department is worried that John will continue to yell, swear at, hit and kick Debbie and smash up the house, and that Zac and Billy will be scared and worried and may get hurt if they try to help Debbie, like the time in July when Zac tried to help Debbie because John was punching her and she was crying and had blood on her face, and John pushed Zac to the ground and yelled at him, causing him to hurt his hip, feel scared, powerless and start to cry.

The Department knows that John has hit and kicked Debbie many times and can be so scary that Debbie, Zac and Billy feel like they have to do everything John says, even if they don’t want to. On 12 occasions, police have been called to stop John from bashing Debbie and causing Zac and Billy to be frightened. Over the last six months John has been hurting Debbie more often, and more severely including causing black eyes, bruising on Debbie’s arms and legs and bald patches from where John has ripped out Debbie’s hair. On 8 occasions, Zac and Billy were too frightened to leave their mum the day after the assault and did not go to school.

The Department is worried that if nothing changes John will continue to very badly hurt Debbie and Zac and Billy will see, hear or know about their mum getting badly hurt and will be frightened and worried that she is going to die.
**Safety goal (Debbie, John, Zac and Billy)**

CPFS knows that Debbie is doing everything she can to protect herself, Zac and Billy. CPFS needs to know that John is equally committed to providing a safe and calm home for Zac and Billy to grow up in, where they do not see or worry about John hurting, threatening or controlling their mum. For this to happen John and Debbie will meet with the Department separately with safety network people to develop a safety plan. The Department needs to see that part of the safety plan is that John show Debbie, Zac, Billy and the safety network that he:

- is the only one responsible for the punching, kicking, yelling and threatening; and
- can provide a safe and calm home by talking calmly, letting Debbie, Zac and Billy make decisions, leaving the house if he feels angry or Debbie, Zac or Billy say that they feel scared, and helping Debbie, Zac and Billy leave if they are feeling scared and want to leave.

The Department also needs to see that Debbie has a personal safety plan that she can use to keep her and the children safe if she is ever worried.

CPFS will continue to work with Debbie, John and the safety network until they are sure that the safety plan has worked for a period of at least six months.

**Danger statement (Kevin, Lynette, Tahlia, Chanel)**

The Department is worried that Kevin will seriously assault Lynette, and Tahlia and Chanel will see and hear violence, like Tahlia did in March 2015 when Kevin hit Lynette with a hammer and a golf club and tried to strangle her.

The Department knows that Kevin has previously been convicted of manslaughter and grievous bodily harm and is worried that unless Kevin learns and practices safer ways to interact with his family, that Lynette will continue to be at risk and the violence could get more and more serious where Lynette could be badly injured or killed.

The Department is worried that if Tahlia and Chanel continue to see, hear or be aware of Kevin using words and violence to control and hurt Lynette then they will continue to worry all the time about when Kevin might ‘go off’ and that this will affect their sleep, cause them to be teary and sad, make them not want to go to school, or make them unable to concentrate when they are at school.

Kevin has shown that he is not willing to protect Tahlia and Chanel. He has done this by continuing to use violence towards Lynette and by not engaging in safety planning for his children. Lynette’s capacity to protect the children is restricted by Kevin’s ongoing violence. Lynette’s protective actions have not reduced the seriousness and number of violent actions by Kevin towards her.

**Safety goal (Kevin, Lynette, Tahlia, Chanel)**

Stephanie from CPFS knows that Kevin and Lynette want the children home as quickly as possible, whether or not they are in a relationship together, and that they love them very much. For this to happen CPFS needs to see that Kevin has shown Lynette, the children and a safety network that he is the only person responsible for hitting, punching, choking, kicking and threatening Lynette and that he is learning and practicing new ways to be a safer parent and partner. Lynette needs to see that Kevin and her are equal parents and that this means that Lynette can make decisions for herself even if Kevin is not happy with them and that Lynette has a personal safety plan that she can use to keep her and the children safe if she is ever worried.
Danger statement (Stephen, Jennifer, Darren, Jane and Sarah)

The Department is worried that Stephen will seriously assault Jennifer, and Sarah, Jane and Darren will be exposed to violence by hearing and seeing what is happening, like Sarah, Jane and Darren did on 12 November 2015 when Stephen punched Jennifer in the head, rammed her head against the car door and scratched at her eyes and face, strangled her, and fractured her eye socket and gave her concussion.

Stephen’s use of violence is increasing in how often it happens and how badly he hurts Jennifer. If Stephen doesn’t stop punching, choking and kicking Jennifer she will continue to be at risk of serious injury or death, and the children will continue to be emotionally harmed and traumatised, and worry that their mother will be killed by Stephen.

The Department is worried that if Sarah, Jane and Darren continue to see, hear or be aware of Stephen using verbal abuse, threats and violence to control and hurt Jennifer then they will fear Stephen when they see, hear or are around him, will not want to spend time with him and will do what he does and use violence to communicate with other kids. Sarah may go backwards in her development and grow up fearing what will happen to her mum, siblings and her herself when her dad is around.

The Department is worried that Stephen is not willing to protect Sarah, Jane and Darren because he will not engage in safety planning for his children and that Jennifer’s capacity to protect Sarah, Jane and Darren is constrained by Stephen’s ongoing violence. Jennifer’s protective actions currently have not reduced the severity or frequency of Stephen’s violence.

Safety goal (Stephen, Jennifer, Darren, Jane and Sarah)

Alice from CPFS knows that Ms Smith wants the children home as quickly as possible and that she loves them very much. For the children to be able to return home, the Department needs to see that Ms Smith works with the Department and a safety network to develop a safety plan protecting her from Mr Munster. The safety plan needs to be in place and working for a period of three months, before the children can be returned home.
References


