

Domestic Abuse – Safeguarding children and Young People (Including the unborn child)

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1. Introduction

Exposure to domestic abuse has serious, immediate and long lasting emotional and psychological impact on the individuals involved. All aspects of a child's life will be adversely affected if they are living with domestic abuse as this impacts their wellbeing, health, development and welfare.

This can be where domestic abuse occurs between family members in their home, or where perpetrators do not live in their home but they remain at risk due to their abusive behaviours.

The impact of domestic abuse on a child (along with other forms of abuse and neglect) will vary according to the child's age, capacity, resilience and due to their particular circumstances ([see SPB Recognising Abuse, Neglect and Exploitation and Child Sexual Abuse in the Family Environment](#)). For example the risk of a child experiencing domestic abuse greatly increases their likelihood of also experiencing physical/sexual abuse, ranging between a 30 % to 60 % increase of risk, depending on the study (Hester et al 2000, Edeson 1999 and Humphreys and Thiara 2002 cited in [London Safeguarding Children Partnership](#)).

Tackling domestic abuse is a priority in Jersey. [Jersey's Domestic Abuse Strategy 2022 – 2024](#), the [Violence Against Women and Girls \(VAWG\) Taskforce](#) and [Building a Safer Community Framework \(BASC\)](#) are focused:-

- On changing attitudes to domestic abuse.
- Creating safer environments.
- Changing lives for the better for children, and victims of domestic abuse.
- Addressing the needs of those who are perpetrators of abuse.
- Increasing awareness of individuals and employers who may not be experiencing domestic abuse but may become aware that someone else is at risk.

2. Scope

This chapter contains information about the approaches and legal frameworks which can be used to support children and young people who are experiencing domestic abuse. Whilst

supporting children practitioners will also and without doubt be required to support their main parent/carer who is experiencing abuse, and this is more likely to be their mother.

The term victim is the terminology used in this guidance to describe adults and children who have experienced or are experiencing domestic abuse, the term perpetrator for those who are responsible for the abuse (whilst acknowledging this may not be terminology used by individuals themselves).

This guidance is for all practitioners (paid or unpaid) who work with children (including the unborn child), those who work with adults who are parents/carers and who therefore hold responsibility for safeguarding and promoting the welfare of children. It is intended to be read alongside the [Children and Young People \(Jersey\) Law 2022](#), the commensurate [Statutory Guidance](#) and the Jersey Children's First Framework ([JCF](#)). Practitioners must follow the [Statutory Guidance](#) on sharing information which follows the [Data Protection \(Jersey\) Law 2018](#). (See [SPB Jersey Child Protection Procedures](#) and the [SPB Children and Young Person Safeguarding Referrals Procedure](#)).

3. Definition

Domestic Abuse is defined as:

Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality, (SPB Jersey Domestic Abuse Strategy 2022 – 2024).

Controlling or coercive behaviour is a purposeful pattern of behaviour which takes place over time in order for one individual to exert power, control or coercion over another. It includes a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance or escape and regulating their everyday behaviour.

Coercive control lies at the heart of domestic abuse, and where domestic abuse become visible to others this must be understood within this context.

For a relationship to be domestically abusive, the working definition in the **Domestic Abuse (Jersey) Law 2022** is that both victim and perpetrator must be “personally connected”. This definition captures different types of relationships including, ex-partners, family members and/or those with shared parental responsibility. Types of domestic abuse include intimate partner abuse, abuse by family members, teenage relationship abuse and child to parent abuse.

Anyone can be a victim of domestic abuse, regardless of gender, age, ethnicity, socio-economic status, sexuality or background and domestic abuse can take place inside or outside of the home. It can include harassment, stalking and more commonly online/digital abuse. Children may experience domestic abuse directly, as victims in their own right, or indirectly due to the impact the abuse has on others.

The **Domestic Abuse (Jersey) Law 2022** creates offences of domestic abuse and controlling and coercive behaviours. In determining sentence, the legislation also states it is an aggravating factor (i.e. makes this a more serious offence which could lead to a greater sentence) if:

- The offence is directed towards a child or pregnant person.
- The person committing the offence made use of a child in directing abuse at another person.
- A child saw or heard the behaviour and where it took place.

4. Risks

Practitioners working with adults and children have a key role in identifying those who may be at risk. Everyone must be aware, where an adult is experiencing domestic abuse and there are children in the home, the children are also at risk. Children and young people are disproportionately affected by domestic abuse where they are less able to remove

themselves from situations and are dependent on parents and carers. Commonly they can experience:

- **Direct physical, emotional abuse and neglect** - The severity of the abuse experienced by their parent/carer a predictive factor in the severity of abuse experienced by the child. The often caught between or sustain injury as they attempt to intervene in a violent assault.
- **Abuse as part of the abuse** – For example, being used as pawns or spies by the perpetrator. Being forced to participate in the abuse and degradation by the perpetrator against their parent or carer (more often their mother).
- **Emotional abuse** from seeing and/or hearing abuse:
 - Abusive verbal exchanges between adults in the household.
 - The perpetrator verbally abusing, humiliating and threatening violence.
 - Injuries such as bruises and scratches sustained by their parent/carer.
 - Their parent/carer's screams and pleas for help.
 - Destruction of their home during incidents.
 - The perpetrator (who may be a main carer) being removed and taken into police custody.
 - Their parent/carer being taken to hospital by ambulance where they may be covered in blood.
 - Being physically injured as a result of intervening or by being accidentally hurt whilst present during a violent assault.
 - Have a sense of not knowing what homelife will be like on a day to day basis, with a constant sense of being watchful and aware.
 - The victim's lack of emotional availability due to their trauma.
- **Neglect:**
 - Poverty caused by the perpetrator restricting finances.
 - Frequent disruptions to social life and schooling from moving home to home as they flee domestic abuse ([See SPB Children moving in and out of Jersey](#)).

- **Substance Abuse by their parent/carer** - Children (including the unborn child) are directly impacted if the victim's use of substances increases as a means of coping with the abuse (see SPB Jersey [Children of Parents who are problematic Substance Users](#)).

See [The Continuum of Children's Needs](#) – as guidance to help practitioners identify a child's level of need and how to respond appropriately.

5. Indicators

[NSPCC](#) state it may be difficult to tell if domestic abuse is happening, because perpetrators can act very differently when other people are around.

Practitioners may notice changes in the child's patterns of behaviour. They may display behaviour adults around them perceive as challenging. They may appear anxious, fearful, constantly stressed or on alert. Babies may experience trauma and stress induced sleeping and eating problems which affect weight gain (e.g. too much or too little).

Victims (both adults and children), commonly experience abuse through modern technologies and social media, which can be used as a monitoring or harassment tool by the perpetrator. They may be on alert or heightened if their device is removed from them.

Children may be worried about what is happening at home, or conversely, they may demonstrate little signs if they have experienced domestic abuse for a long time as this is their "normal" state. Some children may have lower grades whereas others may be high achievers as school is a safe haven.

Practitioners are advised to use [the Continuum of Children's Needs](#) and [SPB Responding to Abuse and Neglect](#) as indicators of domestic abuse may be more likely to be seen as a combination of factors of abuse and neglect for the child or young person.

It is important to seek the right help at the right time for children and young people who are experiencing domestic abuse as the effects of domestic abuse on children and young people may include: -

- Increased mental health for example anxiety, depression.
- Physical health problems.
- Lower sense of self-worth which has a long term impact on self-esteem.
- Increased likelihood of use of substances (including alcohol) as self-soothing and coping mechanisms.
- Repeating behaviours seen in their home setting, in their own friendships and relationships.
- Harmful sexual behaviours, (See [SPB Harmful Sexual Behaviours HSB](#)).
- They may feel pressurised into concealing the abuse and experience the fear and anxiety of living in an environment where abuse occurs (which may be predictable or chaotic).
- They may be drawn into the abuse and themselves and become victims or perpetrators of domestic abuse.
- Children can normalise abuse, and replicate behaviours towards other family members, (please see Adolescent Parental Violence and Abuse (APVA)).

6. Actions

It is important to **Think Family** when working with domestic abuse, practitioners may be working with the adult or young person who is experiencing domestic abuse, or with a child or young person who is exposed to domestic abuse. It is crucial practitioners are able to recognise signs and when they do they respond in a way which reduces risk, make referrals to the appropriate agencies in a timely way and record their actions, see chapters below on how to Recognise, Respond, Refer and Record your actions.

Note - A tactic of the abusive person can be to make **counter allegations** and where they may place themselves in the role of the victim, they may appear charming and credible. Specialist services will determine who is the victim and who is the perpetrator in certain

cases. All agencies involved in supporting the family must follow [statutory guidance](#) on working together to reduce risk.

to gather as much information as possible to make this assessment. Practitioners should use a [JCF Chronology](#) to understand the child or young person's repeated lived experience in relation to domestic abuse.

Recognise

Adults, children and young people need to feel safe before they disclose domestic abuse, they need practitioners to be attuned to their needs, and they may need several opportunities over a period of time to talk about their experiences.

Practitioners should be [able to recognise signs of domestic abuse for adults of children](#) and to [Recognise signs of Abuse, Neglect and Exploitation](#) for Children (including the unborn child):-

Common perpetrator behaviours include: -

- Criticism and verbal abuse – shouting, mocking, name calling.
- Pressure tactics – sulking, taking away phones, keys money, withholding drugs, lying.
- Disrespect – putting someone down in front of others, talking for, not listening.
- Breaking trust – lying, breaking promises, gas lighting.
- Isolation – blocking calls, stopping someone from seeing friends of family.
- Harassment – following, stalking, using mobile devices to track.
- Threats – gestures, physical size to intimidate, destroying possessions, threatening to harm children, pets' family members, threatening suicide.
- Sexual Violence – threats, intimidation, rape, degrading treatment.
- Physical Violence – punching slapping, hitting, biting, strangulation.
- Denial – saying abuse did not happen, saying they did not cause it, crying, begging forgiveness.

One chance rule

All practitioners working with domestic abuse need to be aware of the 'one chance' rule. That is, they may only have one chance to speak to a potential victim and thus they may only have one chance to save a life. This means that all practitioners working within

statutory agencies need to be aware of their responsibilities and obligations when they come across these cases. If the victim is allowed to walk out of the door without support being offered, that one chance might be wasted.

Respond

Because domestic abuse takes many forms it is important to look for more than physical signs of injury, victims of domestic abuse are unlikely to say they are being abused, and practitioners are far more likely to encounter coded disclosure or notice behaviours which raise concern.

Practitioners who work with children, young people and families must work sensitively where they identify risks of domestic abuse.

Practitioners must listen to what children and young people say about their lives as they are experts in their lived experiences ([See SPB Respecting the Voice of Child](#)). Where an adult is experiencing domestic abuse, the wellbeing of the children in the household must be prioritised and all assessments must consider the need to safeguard children (including the unborn child) and young people.

Children are very unlikely to use the term domestic abuse, they may not recognise domestic abuse from their experiences, they may be too young to disclose, have disability, English may not be their first language. It is therefore important to think about how to ask about domestic abuse before you do so. Where interpreters are required, these must not be family members. Practitioners may need to ask for support from independent advocacy services.

Children and young people may find it difficult to talk about domestic abuse for many reasons. They might feel ashamed, afraid, may not have the development or language to be able to describe what is happening at home.

Before asking questions, if the child or young person is not physically with them, practitioners should ensure the child or young person is safe to talk, in particular if this is

over the phone or through visual online devices. At this point practitioners should ask closed questions:

- Are you alone?
- Is it safe to talk?

When safety is established, practitioners should frame questions by explaining why you are asking. By saying for example:

“Because we care about you, we would like to find out if you have ever been hurt or frightened by a family member or someone you know. We ask everyone this because we want everyone to be as safe as possible.”

If a child or young person shares details of domestic abuse, or any other forms of abuse, it is important to:

- Give them your full attention.
- Reassure them and let them know their feelings are important.
- Let them go to at their pace.
- Check your understanding, use the language they have used to show it is their experience.
- Say “I believe you.”
- Remind them the abuse is not their fault.
- Be honest about when, where and to who you will share their information.

In situations where an adult or young person discloses domestic abuse practitioners should follow the [Domestic Abuse Referral Pathway](#).

Where a practitioner is working with adults or young people who disclose domestic abuse, and where they have had training, they should [Complete a Domestic Abuse Checklist \(Dash Risk Checklist\)](#), remembering professional judgement may score higher than risks initially disclosed. Where a person has not had training then referral should be made to specialist services where they can complete a Domestic Abuse Checklist (Dash Risk Checklist).

Refer

Where a child (including an unborn child) or young person presents with a health or development need) or where there is a safeguarding Need (see Statutory Guidance – **Levels of Need**) practitioners must:-

- Follow the **SPB Child Protection Procedures, the SPB Children and Young Person Safeguarding Referrals Procedure**
- Refer to the **Children and Families Hub**.
- In parallel refer an adult or young person with their consent to supportive domestic abuse services (see supportive agencies below).
- Where a child may have been physically abused, suffered neglect or sexual abuse consideration must be given to following the **Child Protection Medical Pathway and/or the Child Sexual Abuse Pathway**.
- Where there is immediate risk of harm, practitioners must call the police on 999.
- Where domestic abuse is related to an adult at risk, practitioners must raise a safeguarding concern with referral to the **Single Point of Referral**.

Jersey has services in place where the public and practitioners can access immediate advice and support where they suspect a person, child or young person may be at risk of domestic abuse.

- **Jersey Domestic and Sexual Abuse Support (JDAS)** and Freeda (**Free from Domestic Abuse**)
- **Sexual Assault Referral Centre (SARC)** Dewberry House - centre for people who have been raped or sexually assaulted.
- Where there is time and it is safe to do so, practitioners should consider the need to see children (age and capacity), young people alone in safe settings (e.g. schools) and adults with (with independent advocacy and interpreters who are not related to

them where required). So that when critical questions are asked on whether they are experiencing, or have previously experienced, domestic abuse they are given the best opportunities to answer without fear of reprisal.

- Practitioners who are in contact with adults who are threatening or abusive to them need to be alert to the potential that these individuals may be abusive in their personal relationships and assess whether domestic abuse is occurring within the family. Where child abuse is suspected then domestic abuse should also be a consideration.
- When responding to incidents of domestic abuse, practitioners should always find out if there are any children in the household or any children who would normally live in the household. The Police or other agencies should ensure the children are seen and their safety established whenever they attend a domestic abuse incident.

Note - Police refer cases to the Children & Families Hub when they attend domestic related incidents and there are children in the household. Police share notifications of incidents of domestic abuse with health and education services where there are children in the family.

6.4. Record

Practitioners should record any incident in the best detail and if possible verbatim, (this means recording what has been shared with them in the person's own language where possible and with the use of the person's exact words). As this may be important in future investigation.

In your recording you should include the where, what and when of your actions in relation to safeguarding.

Following [statutory guidance](#), where practitioners decide not to make referrals this should be recorded with reasons behind why they have taken the action they have chosen. If unable to ask on one occasion as the person is with the alleged perpetrator, all attempts should be recorded, with a plan around how support is planned to be offered at a future date.

6. Additional Considerations

7.1 Children’s Brain Development

Children’s brains develop from before birth and into adulthood (**Seigel and Bryson, 2012 cited in NSPCC**). Positive experiences in utero and childhood help to build healthy brains. Experiencing childhood trauma from domestic abuse can harm a child’s brain development, (**Schonkoff et al 2015, cited in NSPCC**). It is crucially important domestic abuse is recognised in the pre-birth window and thereafter at the earliest possible point to prevent lifelong harm (please see **Joint Protocol for Multi-Agency Pre-Birth Assessment and Referral Pathway**). Exposure to domestic abuse is likely to lead to life changing negative brain development and this is preventable. Domestic abuse disrupts the sensitive interactions with primary caregivers, vital to children’s learning. Babies and children require a secure ongoing relationship with their caregivers and sensitive **co-regulation**. As compounding on the physiological impact domestic abuse disrupts the attachment between a caregiver and a child and this further has a negative impact on the child’s brain development and stress regulating systems (Muller and Tronick 2019).

Practitioners should use trauma informed methods of practice when working with children and young people who have been exposed to domestic abuse, such as the **Trauma Recovery Model**.

7.2 Cultural Sensitivity

Practitioners must work in a culturally sensitive way, the culture around justification for domestic abuse can be linked in tradition, custom, faith, honour, religion, thoughts beliefs and values (**See SPB Jersey Honour Based Violence (HBV), Forced Marriage, Female Genital Mutilation, Abuse Linked to Faith or Belief, Modern Slavery and Child Trafficking**). Cultural competence does not mean ignoring or excusing practices that are against Jersey Law, or that cause or risk causing significant harm to children and young people.

Practitioners sometimes lack the knowledge and confidence to work with families from diverse cultures and religions. A lack of understanding of the religion or cultural context of families can lead to practitioners accepting lower standards for fear of being seen to practice without cultural competence. Please see NSPCC briefing on Culture and Faith: learning from case reviews [here](#)

Challenge must be made on any attempt to justify harm on cultural or religious grounds.

Where it is essential practitioners remain focused on the health, development and welfare of the child or young person and that their rights and needs remain paramount.

Assessments should explore the impact of a person's culture on their life, including spiritual practices, rites/blessings, beliefs and practices surrounding life events, dietary restrictions, personal care, daily rituals, communication social customs and attitudes to health care and support. Practitioners who are unsure should seek support from their safeguarding leads.

7.3 Barriers to Disclosure

Safe lives provide help for practitioners with advice which is both inclusive and culturally sensitive. Certain groups of people face additional barriers to reporting domestic abuse and practitioners may wish to access further support when working with Black and ethnic minority groups, young people, young parents, online abuse, people who use alcohol or substances as means of coping, mental health issues, Honour Based Violence, LGBTQ+ and homelessness.

Where practitioners can access tools to support their practice decision using **Power and Control Wheels** to assess risk based on the person's cultural or gender identity or their presenting health or social need.

Children and young people's barriers to disclosure researched by NSPCC indicated it may take an average of 8 years for disclosure (**Allnock and Miller 2019 NSPCC**). Children may face additional barriers to telling someone because of their vulnerability, disability, sex, ethnicity and/or sexual orientation.

Being ready for a child's disclosure is something all practitioners must have in their armoury, as children may disclose (which may be in their behaviours as opposed to verbally) to anyone at any time and that person needs to know what to do in these circumstances.

7.4 Pregnancy

In almost a third of cases, domestic abuse begins or escalates during pregnancy and domestic abuse will have an impact on the prospective parent's health. Domestic abuse is associated with increased rates of miscarriage, low birth weight, premature birth, foetal injury and foetal death. Physical abuse poses immediate and at times serious threats to an unborn child as assaults on pregnant women often involve punches or kicks directed at the abdomen, risking injury to both the mother and the foetus. The mother may be prevented from seeking or receiving anti-natal care or post-natal care.

7.5 Adolescent to parent violence and abuse (APVA)

There is currently no legal or government definition of adolescent to parent violence and abuse (APVA). APVA has the following description, "a pattern of behaviour instigated by a child or young person, which involves using verbal, financial, physical, and/or emotional means to practice power and exert control over a parent. The power that is practised is, to some extent, intentional and the control that is exerted over a parent is achieved through fear, such that a parent unhealthily adapts his or her own behaviour to accommodate the child" ([Home Office](#)).

While the above definition of domestic abuse applies to those aged 16 or more, APVA can involve children under 16 as well as over 16. [Please click here for the AVPA Information Booklet 2017.](#)

7. Further Information

[Multi-Agency Risk Assessment Conference \(MARAC\)](#) - MARAC is a meeting to discuss ways to help victims at high risk of murder or serious harm. Information is shared at the meeting

between a multi-agency or representatives and specialist services working with domestic abuse. The person at risk does not attend MARAC but is represented by an Independent Domestic Violence Advisor (IDVA).

MARAC follows safeguarding procedures for Adults and Children and where it facilitates sharing of information about risks and forms a multi-agency plan of action to increase safety.

Following completion of the DASH Risk Check, if domestic is identified as high risk domestic abuse, practitioners should refer to Multi-Agency Risk Assessment Conference (**MARAC**) where a multi-agency of practitioners will plan intervention around domestic abuse risks (Referrals to MARAC can be made without full details or consent).

The Domestic Violence Disclosure Scheme (DVDS) (also known as 'Clare's Law') - gives members of the public a formal mechanism to make enquires about an individual who they are in a relationship with, or who is in a relationship with someone they know. Where there is a concern that the individual may have been historically abusive.

Where there are concerns a person is with a person who has been previously domestically abusive and there are concerns a child this scheme adds a dimension to information sharing to safeguard the welfare of children. Members of the public can make an application for a disclosure, known as the 'right to ask'. Anybody can make an enquiry, but information will only be given to someone at risk or a person in a position to safeguard the victim. The scheme is for anyone in an intimate relationship regardless of gender.

Partner agencies can make request disclosure is made of an offender's history where it is believed someone is at risk of harm. This is known as 'right to know'. If a potentially violent individual is identified as having convictions for violent offences, or information is held about their behaviour which leads the police and other agencies to believe they pose a risk of harm to their partner, the police will consider disclosing the information. A disclosure can be made if it is legal, proportionate and necessary to do so.

Risks at the point of Separation - It is wrong to assume that on separation from an abusive partner or when they leave an abusive home risk will reduce to them and their children.

However, evidence from research indicates that the risk of further violence and harm increases at the point at which the victim leaves a perpetrator.

In situations when the adult victim has left the perpetrator taking the child/ren, practitioners need to be alert to the on-going potential for risk. The dynamics of domestic abuse are based on the perpetrator maintaining power and control over their partner. Challenges to that power and control, such as separation, may increase the likelihood of escalating violence. Statistically the period following separation is the most dangerous time for significant injury and death.

Intimate Partner Homicide Timeline -

According to the author of Jersey's Domestic Homicide Review Dr Jane Monkton Smith, women account for 80 % of domestic homicide victims and most are targeted by either a former or current partner. Controlling behaviour within a relationship is a key indicator of future violence and Dr Monkton Smith identified 8 steps which play out in the majority of Domestic Homicides (see Homicide Specialist site [here](#)).

Practitioners in contact with children and their families in cases should consider Dr Monkton Smith's 8 steps when assessing risk of homicide:

1. History - The perpetrator's previous history of stalking or abuse
2. Commitment Whirlwind – How this relationship developed. Was it a whirlwind romance, (known as love bombing)? The motivation of the parent in seeking/maintaining contact with the child/ren - is it a desire to promote the child's best interest or as a means of continuing intimidation, harassment or violence to the other parent?
3. Relationship - did the perpetrator quickly establish a dominance dynamic to maintain control over their partner? Consider the pattern of power, control and intimidation in addition to the physical violence and signs of tracking and monitoring. Consider the level of coercive or manipulative behaviour of the parent who was violent.

4. Trigger Event – separation (this can be actual, imagined or threatened), ill health of the perpetrator or victim, financial ruin or significant threats to status.
5. Escalation in behaviours – increased frequency and severity of controlling behaviours, stalking, threats of suicide and threats of violence for example to kill or injure. Any threats to hurt or kill family members or abduct the child/ren.
6. Change in Thinking – loss of control as this appears irretrievable, irretrievable loss of status, and decisions on how they will resolve this.
7. Planning – reconnaissance, stalking, web searches, purchase of weapons, restraints, seeking opportunities Any reported stalking or obsession about the separated partner or the family.
8. Homicide – with or without confession, homicide with suicide, missing person, suicide, suspicious death, accident, extreme levels of violence where death would have been possible.

There are many risk assessment models and ‘tools’ available for practitioners who should feel confident in their use, if not then training and specialist services can offer support. Information from the public, family or community members must be taken sufficiently seriously by practitioners in statutory and voluntary agencies. Recent research evidence indicates that failure to do so has been a contributory factor in a substantial number of cases where a child has been seriously harmed or died.

Risk of Violence Towards Practitioners

Risk of violence towards practitioners should be considered by all agencies where they are working with a victim of domestic abuse and assessments of there should be organisation assessment of risk for staff undertaken where necessary. It is acknowledged that intimidatory or threatening behaviour towards practitioners may inhibit their ability to work effectively and where there may be reluctance or inability to see a child in their home these further increases risk to the child.

9. Training

Domestic Abuse Training is mandatory for all States of Jersey Employees, where third sector services can also access and this can be accessed via [Virtual College](#). Training can also be accessed via SPB Jersey Safeguarding [Training here](#).

10. Domestic Abuse Toolkit for Businesses

Employers are asked to adopt a common approach to educating employees and leadership teams around domestic abuse whilst creating safe spaces for disclosures to be made with confidence they will be supported, (see Domestic Abuse Toolkit for Businesses – Spot the Red Flags [here](#))

11. Supervision

Practitioners should have access to regular [Internal agency safeguarding supervision](#).

Agencies should consider multi-agency reflective supervision where cases are complex, stuck or drifting.

12. Resolving Professional Difference/Escalation

Professional challenge should be welcomed and partnership working depends on resolving professional difference and conflict as soon as possible. Where staff experience professional differences, they must follow the [SPB Resolving Professional Difference/Escalation Policy](#).

Supportive Services

Police and Public Protection Unit

To report a domestic incident or a crime contact 612 612. A Police Domestic Abuse Officer will provide help and advice. For more information, please visit the [State of Jersey Police](#) website.

Jersey Domestic and Sexual Abuse Support (JDAS).

JDAS is an independent service developed to protect and support victims of domestic and sexual abuse. JDAS have qualified Domestic Violence Advisors (IDVA's) that provide support and advice to develop long-term safety solutions for men, women and their families. Contact 01534 880505 or contact them [online](#).

Freeda (Free from Domestic Abuse)

Freeda aims to protect and empower women and children experiencing domestic abuse by providing support, advice and guidance. Their confidential services include a 24/7 helpline (0800 735 6836), a safe house, support within the community and a Children and Family service.

Victim First Jersey

Provides advice, information, listening, ongoing support and referrals for male victims of domestic abuse. Contact free helpline 0800 7351612 access Victims First Jersey [here](#).

Building Healthier Relationships

This service is aimed at individuals who would like to stop their abusive behaviour. Referral can be made through any agency or by the individual themselves. Contact probation services on 01534 441 900. Access Building Health Relationships Programme [here](#).

Crime Stoppers

SPB Jersey Domestic Abuse – Safeguarding Children and Young People (Including the Unborn Child)

Jersey Crime Stoppers is an independent charity working to fight crime. Call Crime Stoppers anonymously on 0800 555 111 if you are worried about someone’s safety. Access Jersey Crimestoppers [here](#).

Dewberry House – Sexual Assault Referral Centre (SARC) A Centre based in Jersey for women, children and men who have experienced rape or sexual assault. Access Dewberry House [here](#).

Jersey Action Against Rape (JAAR)

JAAR offers specialised counselling to victims of sexual assault recent and historic. Access JAAR [Here](#).

Citizens Advice Bureau, Crime and Violence Law

Offers independent, confidential and impartial advice that islanders need for the problems they face. Access Citizens Advice Bureau [here](#).

Sexual Offences (Jersey) Law 2018

SafeLives

The Hideout – a resource created by **Women’s Aid** to help children understand domestic violence.

NICE PH 50 Domestic Violence and Abuse – various tools and guidance

In control: Dangerous Relationships and How they end in Murder – Jane Monckton-Smith

Homicide Timeline – School of Natural Sciences _ University of Gloucestershire

Amendments to this Chapter

This chapter was amended in April 2024 to align with the Children and Young People (Jersey) Law 2022, the commensurate Statutory Guidance and the Jersey Children’s First Framework. Updated to include The Continuum of Children’s Needs, and the Child Protection Medical and Child Sexual Abuse Medical Pathways. This chapter includes The Intimate Partner Homicide timeline from on island Domestic Homicide Review. The Domestic Abuse Toolkit for Businesses. This document updated with thanks to FREEDA, Safelives, NSPCC, London Safeguarding Partnership Board.