

SAFETY AND CHILD CONTACT:

**an analysis of the role of child contact centres in the context of
domestic violence and child welfare concerns**

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The Research Unit, Department for Constitutional Affairs, was formed in April 1996. Its aim is to develop and focus the use of research so that it informs the various stages of policymaking and the implementation and evaluation of policy.

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EXECUTIVE SUMMARY

Background

Most separated parents make arrangements for child contact without external help or recourse to the judicial system. However, where there is a history of domestic violence and this raises questions about the safety of children or the resident parent, making appropriate arrangements can be contentious and emotive. This research was commissioned by the Lord Chancellor's Department to contribute to current debates and policy development. A central question for the study was: *What promotes safe and positive contact for children that is also consistent with the safety and well-being of women?*

The study aimed to:

- Assess knowledge and practice in relation to domestic violence and its impact on contact arrangements from the perspectives of legal and welfare professionals and contact centre workers in two family proceedings jurisdictions;
- Consult with children, mothers and fathers about their experiences of various arrangements for contact;
- Identify some implications for policy and practice.

Methodology:

- A multi-methodological approach was adopted. This included a policy questionnaire to all contact centres in England and Wales; questionnaires and interviews with contact centres co-ordinators and volunteers, court welfare officers, mothers and fathers from 6 contact centres in two family proceedings jurisdictions; and a child-friendly questionnaire with children using the same centres.

Findings:

The process of making contact arrangements was found to be influenced by a diverse range of factors. This indicated a lack consensus of clarity about what constitutes supported or supervised contact, which may have implications for the safety and well-being of women and children.

Different professional perspectives

Although there was some level of agreement between referrers and contact centre staff, there were some marked contrasts, between and within these groups about:

- Levels of vigilance expected in supervised centres and supported centres.
- Safety features associated with supervised and supported contact.
- Definitions of domestic violence, and the severity of violence that should curtail contact arrangements.
- The role of centre staff

Disparities between the views of referrers, centre staff, mothers and fathers

Parents and children were often unclear or had little information about what a centre would be like:

- Mothers were often unhappy about what they thought was inadequate supervision and fathers annoyed at what they considered unnecessary surveillance.
- Fathers in some cases wanted to move on to less supervised contact, and mothers to retain the security they gained from a centre.

- Centre staff and the courts sometimes saw women as obstructive, although they were crucial in facilitating contact with very young children.
- Children were less likely than parents to visit and be spoken to before going to a centre.
- Some children appeared happy about going to a centre; a significant minority were anxious and wanted their mothers close by.

Lack of adequate information and inadequate assessment

Information sharing, screening and assessment are critical when considering safety needs and levels of vigilance:

- Many of the referrals received by centres were lacking in detail.
- Where court orders were made, assumptions were sometimes made about levels of vigilance available at a particular centre which were not always born out in practice.
- Assessment and referral processes did not always screen actively for domestic violence.
- Centres more robust about obtaining background information and interviewing parents and children, gave closer scrutiny to safety.
- The complex needs of black and minority ethnic parents, including refugees and asylum seekers, were not always addressed.

Contested Evidence

The issue of what constituted evidence of domestic violence and child abuse was also problematic:

- The courts, referrers, and co-ordinators differed about whether living in a refuge or a non-molestation order was evidence of a risk of violence serious enough to warrant limiting contact.
- They also varied about the weight attached to a verbal account of violence from a resident parent/mother and the minimisation and denial of violence by a non-resident parent/father.
- The child's experience and views were not always explored.
- Different thresholds in relation to evidence influenced decision-making, assessment and how children, women and men were viewed and treated.

Resources and staffing

Many supported centres were hampered in providing a safe environment:

- In every centre studied, staff were working under pressure of referrals.
- It was difficult to provide basic safety features, such as observation and staggered arrival and departure times.
- Lack of supervised contact facilities meant that arrangements were sometimes determined by what resources were available, rather than the level of vigilance commensurate with safety.
- There were few services able to advocate on behalf of children themselves.

The relationship between supported, supervised and no contact

The above factors can systematically weaken attention to safety and thereby distort operational definitions to the extent that their effectiveness is eroded:

- Disagreement about what constitutes supervised contact sometimes meant that high vigilance was not provided where it might have been expected.
- Supported contact centres were sometimes being inappropriately used.

- Mothers' views about safety were often different from those of referrers, contact centre staff and fathers.
- Children need the opportunity to recover from the impact of domestic violence. In many of the cases studied, there were indications that there should have been more exacting levels of vigilance, or that no contact or indirect contact would have been more appropriate.

Violence, safety and the need for vigilance: issues for the development of policy and practice

This research concluded that in a significant minority of the contact arrangements studied, the well-being of women and children may have been compromised. Whilst legal and policy developments give a framework for giving safety greater prominence, further change is likely to be dependent on a combination of policy guidance, practice tools, new services, training and support including:

- Protocols, training and guidance on active screening and assessment in relation to domestic violence.
- Greater provision of independent support, advice and advocacy for children
- Replacing the terminology of supported and supervised contact with terms that clarify levels of vigilance: high, medium and low vigilance.
- Developing the range of contact options to ensure the availability of high, medium and low vigilance contact on a locality/regional basis.
- The development and dissemination of training materials on issues raised by child contact in the context of domestic violence.
- The provision of dedicated funding to NACCC to enable specific training to be given to all contact centre co-ordinators, workers and volunteers.

Conclusion

Making arrangements for child contact in the context of domestic violence and other child welfare concerns is characterised by attempts to reconcile the principle of promoting a child's relationship with a separated parent, with a recognition of the damaging consequences of domestic violence for women and children. The evidence from this research project suggests that this has resulted in ambiguity about levels of vigilance that may compromise the safety of some women and children. Despite recent policy changes and new guidelines, these difficulties yet to be overcome. Finding a way forward will require the co-ordinated development of services, training and support, and the active involvement of parents and children who live with the effects of violence.

SECTION 1: BACKGROUND TO THE RESEARCH

1.0 Introduction

Most separated parents are able to agree arrangements for child contact without external help or recourse to the judicial system (Maclean and Eekelaar, 1997). However, where there is a history of domestic violence and this raises questions about the safety of children or the resident parent, making appropriate arrangements can be contentious and emotive. In these circumstances, determining what is in the best interests of children and the contact arrangements which will promote their well-being are not straightforward issues.

It has been established that within a relatively short period of time after a breakdown in their parents' relationship, a majority of children have no contact with their non-resident parent, most often their father. This loss can create significant difficulties for children (Simpson *et al.*, 1995; Richards, 1996). On the other hand, there is concern that in a minority of cases, the continued involvement of fathers in their children's lives compromises the safety of women and children (Hester and Radford, 1996; Humphreys, 1999). In recent years, in part as a response to both the general and specific difficulties in making appropriate arrangements for child contact, there has been a growth in the number of contact centres offering a range of options for contact. This includes supervised and supported contact and handover arrangements, to help with the difficulties faced by parents and children (NACCC, 2000). The majority of these centres are staffed by volunteers and can only offer supported contact and handover. There is acute concern that supported centres are often placed in the invidious position of overseeing contact where adult and child safety continue to be issues, where there are allegations of inappropriate behaviour towards a child, including child sexual abuse, fears of abduction or parental drug misuse (Furniss, 1998).

1.1 The Research

The research was commissioned by the Lord Chancellor's Department to contribute to discussion about different arrangements for child contact in the context of domestic violence or child protection concerns. To this end the research:

- Established the parameters of existing policy and practice in relation to child contact after separation or divorce, particularly where there are issues of domestic violence or other child protection concerns.
- Assessed current knowledge and practice and explored areas of agreement and disagreement in relation to contact centre arrangements from the perspectives of legal professionals; child welfare practitioners; and relevant voluntary agency workers in two family proceedings jurisdictions.
- Sought the views of referrers and contact centre staff about the operational requirements of supervised and supported contact arrangements and the levels of vigilance provided where there are safety issues.
- Consulted with children, mothers and fathers about their experiences of, and satisfaction with, various arrangements for contact.
- Identified practice which promotes safe and appropriate contact between children and non-resident parents and analysed the implications for policy.

1.2 The Research Report

This report gives a detailed account of the process and outcomes of the research, against a background of existing research and knowledge. After setting out a broader context, the research methodology adopted within the research project is summarised and groups of participants described. The analysis of quantitative and qualitative data from the various elements of the process is presented in thematic form as follows:

- Defining contact services: differentiating supported and supervised contact
- Before the centre: experiences of parents
- Using the centre: experiences of parents
- At the centre: experiences of children
- Moving on: contact centres as transitional provision

A further section relates the findings from these themes to the concepts of safety and vigilance. The concluding section draws out the implications for policy and practice in child contact.

1.3 The Research Team

The research team is based in the Centre for the Study of Safety and Well-being (SWELL), in the School of Health and Social Studies at the University of Warwick. The team has considerable research experience in the fields of domestic violence, child protection and contact in relation to children in the public care. Two of the team are qualified social workers and one was previously a guardian ad litem.

SECTION 2: THE BROADER RESEARCH CONTEXT

2.0 Introduction

Research over recent years has explored a range of issues related to the lives of children before, during and after parental separation and divorce. This has produced alarming evidence about the prevalence of domestic violence and its impact on women and children, before and after separation. Not only does the research on domestic violence draw attention to the complexities involved when considering child contact in these circumstances, it generates considerable tensions and challenges for legal, policy and practice responses to individual children and their parents.

This complicated and changing picture provided both the backdrop and impetus for the research project. This section gives a broader context to the research. It begins with an overview of the demography of separation and divorce, summarises current research on the implications for post-separation parenting and the impact on children and evaluates the significance of contact for children. It then explores the inherent tensions and conflicts between the significance of contact for children and knowledge about the long-term effects of domestic violence on women and children.¹ The promotion of safe and positive contact for children while, at the same time, ensuring the safety and well being of women is a recurring dilemma in both the research and the literature in this area. Recent changes including shifts in legal and policy guidance and statutory and voluntary sector service provision for children and parents are then reviewed. The section concludes with a brief history of the development of contact centres as a response to some of the many concerns about child contact which have prevailed over the last twenty years.

2.1 Separation and divorce: the demographic context

Family life in the UK continues to be characterised by change and diversity. While 80% of children currently live with two parents, the number of children affected by divorce steadily increased through the eighties and into the nineties. Based on 1994-1995

¹ For the purposes of this report survivors of domestic violence will be referred to as women. This reflects the gendered nature of the majority of incidents of domestic violence which are characterized by the abuse of women by their male partners. This is not intended to minimize the violence which occurs in same sex relationships, violence perpetrated by women on men or by other extended family members. (See p.35 for further discussion of terminology)

demographic data, over one quarter of children (28%) of children born to married parents will be affected by divorce during their childhood (Richards, 1995; Haskey, 1996). Although it appears that the number of children whose parents divorce has now stabilised, in 1997 this affected 150,309 children in England and Wales (Population Trends, 1998). In addition an unknown number of children will be affected by parental separation, although for them the picture is less clear. The number of couples cohabiting has increased, and in 1997 39% (237,000) of births were outside marriage, three-quarters of them to cohabiting parents (NCH Action for Children, 1999). It can be inferred that, should the rate of separation between never married parents reflect that of married parents, then substantial numbers of children will continue similarly to be affected.²

2.2 Gender and parenting post-separation and divorce

Over the last two decades there has been a steady increase in the proportion of families with children that are headed by a lone parent (Bradshaw and Miller, 1991; Baylies, 1996). An examination of patterns of lone parenting shows that 91% of lone parent households are headed by women. Of these, 63% are previously married women. The fastest growing group of lone parents is of never married lone mothers, the majority of whom are separated cohabiters (NCH, 2000). Lone parents and their children are known to experience considerable disadvantages, but the impact of poverty outweighs all other factors. While single mothers comprise only eight percent of the total population, they represent 20% of those in poverty (National Council for One Parent Families, 1998). Parental separation is the single most significant factor in plunging women and children into poverty and has a powerful effect on the experience of post-separation parenting (Rodgers and Pryor, 1998).

The significance of gender to post-separation parenting is seen more graphically when patterns of household composition are set alongside knowledge that the majority of children have little or no contact with the non-resident parent, most usually the father, within a relatively short period of time after a breakdown in the parents' relationship

² Although marriage, separation and divorce rates are not consistent across different ethnic groups within the UK (Social Trends, 94), issues of post-separation contact are significant for all groups.

(Simpson *et al*, 1995; Richards, 1996).³ Over 80% of children of separated parents live exclusively or mainly with their mother (Hill & Tisdale, 1997).

Bradshaw *et al* (1999) estimate that there may be 2 million non-resident fathers in the population, 5% of whom are Black or from minority ethnic groups. The attention paid to them, along with the issue of fathering more generally⁴, has increased for a range of political, social and economic reasons (Burghes *et al*, 1997), although debates about and representations of non-resident fathers are polarised (Walker *et al*, 1997; Clark *et al*, 1998). Interest in the loss of the father from the child's life in the aftermath separation or divorce has both economic and social imperatives. In economic terms, decreasing levels of financial support for children from non-resident parents have raised concerns about the burden on the state (Gregg, 1999).⁵ In social terms, the absence of fathers has been seen to contribute to a whole range of social difficulties and to have a negative effect on the well-being of children.

A number of studies have highlighted the complexities of staying in contact with children once the relationship between parents has broken down (Walker *et al*, 1997; Bradshaw *et al* 1998; Speak *et al*, 1997). A wide variety of problems are cited including geographical distance, levels of conflict, economic problems, and the difficulties of developing a new role as a 'contact father' for which there is little guidance and support. Lobby groups such as Families Need Fathers have attempted to counter the negative image of the non-resident father and have argued for recognition of the contribution of the non-resident father, particularly to the emotional life of the child.

2.3 The impact on children of separation and divorce and views about child contact

Other studies have explored the impact on children and young people of parental separation and divorce in terms of the relationship between this and poorer developmental outcomes for children and young people (Burghes, 1994; Cockett and Tripp, 1994; Grief,

³ An exception to this finding is an Australian study (Gibson, 1992) which found that two thirds of children had fortnightly contact with their fathers 2-5 years after separation.

⁴For example in relation to teenage pregnancy/young parenthood, assisted conception etc.

⁵ Between 1980 and 1990 the proportion of lone parents receiving payment from non-resident parents fell from 50% to 23% (Fortune, 2000).

1997). A comprehensive research review by Rodgers and Pryor (1998) demonstrates the complexity of the issues involved. These authors conclude that separation alone does not determine the outcomes for children and that it needs to be considered as part of a longer history and process of family change. In addition, they acknowledge that separation itself encompasses a whole range of experiences for different children, at different ages with varying antecedents and consequences. Factors they identify which appear to be critical in affecting poor outcomes for children include: the level of family conflict; multiple changes in family structure; the quality of contact with the non-resident parent; the level of parental recovery from the distress of separation and the level of economic hardship experiences.

Research also indicates that it is the quality of contact between the child and non-resident parent, rather than contact per se, which is important in reducing the difficulties faced by children on separation. Maclean and Eekelaar (1997) draw three conclusions from their overview of the literature on the impact of contact on children:

- The length of time since separation affects child contact. Contact is more difficult for children in the early days post-separation.
- The quality of the parent's relationship is significant, with contact being more beneficial when conflict is minimal.
- The quality of the relationship between the non-resident father and his children both before and after separation is important.

Despite this qualified response to the issue of child contact and the complexity of issues highlighted within Rogers and Pryor's review, a loss model has predominated in debates about the role of contact following separation. This has meant an over-concentration on the restorative aspects of contact and an assumption that it is not only easy, but necessary, to disaggregate consideration of children's needs from those of their resident parent. The possible developmental consequences for children and young people of the disappearance of fathers from the picture, although not the only concern about the role of men in the family, has been used to support arguments in favour of child contact in all but the most extreme situations.

More recently, it has been increasingly recognised that where there has been domestic violence before, at or after separation, arrangements for child contact can seriously compromise the safety of women and children (Radford *et al.*, 1999).

2.4 Domestic violence, child contact and safety

Compelling evidence has been amassed about the extent of domestic violence and its gendered nature. Police reporting and prevalence studies show that the vast majority of perpetrators are men and 90% of victims of domestic violence are women (Hester *et al.*, 2000; Mayhew *et al.*, 1993). When attention is focussed on severe, damaging violence, the dominant pattern of concern remains violence towards women by men (Humphreys and Mullender, 2000). Although under-reported (Equality Unit Northern Ireland, 2001), domestic violence is, nonetheless, still one of the most frequently reported violent crimes (Stanko *et al.*, 2000) with often devastating consequences for women and children (BMA, 1998). An overview study by Mezey and Bewley (1997) showed that attacks may commence or escalate during pregnancy (Hillard, 1985; Stewart and Cecutti, 1993) and that women are at greater risk of moderate to severe violence following the birth of the child (Gielen *et al.*, 1994). Domestic violence more often results in injury than other violent crimes and it is frequently accompanied by sexual assault. It is estimated that two women are killed by their current or former partners each week (Stanko, 1997).

There are significant social and economic barriers which prevent women from approaching statutory agencies for help and limit the possibility of escape (Mullender, 1996). As a consequence women's attempts to protect their children may be unseen and undervalued (NCH Action for Children, 1994; Hague *et al.*, 1996). Additional barriers may be faced by black women and women from minority ethnic groups (Bowstead *et al.*, 1995; Baheno, 1995; James-Hanman, 1995; Mama, 1996; Rai and Thiara, 1997; Gill and Currell, 1998; Hendessai, 1999). Male perpetrators of domestic violence characteristically minimise or deny the extent and impact of their violence (Mullender and Burton, 2000; Harrison, *et al.* 2002).

When their mothers are being abused it appears that most children and young people are aware of this (Jaffe *et al.*, 1990; NCH Action for Children, 1994). Moreover, they may be profoundly harmed by their experiences of living with domestic violence and may display

a range of emotional and behavioural responses (Margolin, 1998). Children affected in this way tend to talk in terms of their fears, anger, sadness, and loss (Epstein and Keep, 1995; McGee, 2000). On the other hand, research studies using standardised measurement tools often focus on externalising behaviours (aggressive and anti-social behaviours) or internalised behaviours (anxiety and depression). These studies emphasise that children react very individually with high numbers of children showing externalising behaviours (Hughes, 1998; O’Keefe, 1995; Maker *et al*, 1998) as well as high rates of depression, anxiety and trauma symptoms (Mathias *et al*, 1995; Sternberg *et al*, 1993; McCloskey *et al*, 1995). Many children show signs of post-traumatic stress disorder (Hall, 1997; Graham-Bermann and Levendosky, 1998).

Several studies have found that there is a link between domestic violence and the direct physical and sexual abuse of children (Humphreys, 2000). Estimates of the degree of correlation between the two range from between 30 to 66 per cent, depending upon the study and the extent to which there has been active screening for domestic violence (Farmer and Owen, 1995; Hester and Pearson, 1998). One study from the US, which analysed 3,363 cases of family violence, found that there was an almost 100% correlation between the most chronic and serious violence of men towards women and their physical abuse of children (Ross, 1996).

Domestic violence is implicated in a number of child homicides (James, 1994), including some committed through child contact (Saunders, 2001). Sturge and Glaser (2000) in a report prepared to inform the Court of Appeal in four cases where there had been domestic violence, made the following emphatic statement based on their practice and extensive evaluation of the research:

We take the position that all children are affected by significant and repeated inter-partner violence, even if this is only indirect. The research is entirely consistent in showing deleterious effects on children of exposure to domestic violence (Sturge and Glaser, 2000, p. 619)

2.5 Post-separation violence

For many women and children, domestic violence and its deleterious effects, do not cease at separation. Attempts to end a relationship may intensify the threat to women and the

danger of being killed increases on separation (Wilson and Daly, 1992; Liss and Stahly, 1993; Kelly, 1999). A number of research studies now demonstrate that child contact arrangements, including court ordered contact, are used to track women and to perpetuate domestic violence (Shepard, 1992; Hester and Radford, 1996; Wyndham, 1998; Women's Aid, 1997). An in-depth study undertaken in England and Denmark by Hester and Radford (1996) found that a majority of women interviewed had initially wanted their children to have contact with their father but that contact arrangements had proved too dangerous. Most of the women reported being re-assaulted after separation, and all of this continuing abuse was linked in some way to child contact, with children's emotional well-being adversely affected. Many women said that they had felt pushed into agreeing to arrangements they had considered unsafe by professionals working to a mediation, conciliation or family systems model. Agreements made when the woman felt under duress typically broke down.

These findings are replicated in a study by Humphreys and Thiara (2002), which found, in addition, that a lack of harmonisation between private and public law proceedings involving children meant that child protection issues were often ignored or minimised when making child contact arrangements. In part this related to a lack of active screening for domestic violence in assessments and the difficulty women have in providing evidence considered convincing. Asian women were significantly over-represented amongst women experiencing post-separation violence and longer term child contact problems.

A small, but significant group of women were separated from their children. In these situations women felt that violent partners had manipulated the circumstances so that they could continue to abuse them by isolating them from their children and distorting their child's view of them. This problem is also raised by Jaffe and Geffner who point out that:

many abusers seek custody as a way of punishing their partner, re-establishing control, and in fact demonstrating that the partner is a less valued and important person in their children's lives.
(1998: p.380)

2.6 Child contact in the context of domestic violence

When the discussions about child contact more generally are related to those about domestic violence and its impact, a number of critical questions emerge for the facilitators

of child contact. The objective of securing the benefits for children of maintaining contact with their non-resident parent in the aftermath of separation, without endangering their health and safety, has been given general endorsement (Lord Chancellor's Department, 1999). This may be easier to aspire to than achieve, given the predominance of a pro-contact stance over the last twenty years (Smart and Neale, 1999).

As previously indicated, relevant research emphasises the quality of relationships rather than the 'fact' of contact, which is no guarantee that it is of benefit in itself. Many of those studies which have emphasised positive benefits have been undertaken with children and families where contact arrangements have not been contentious (Wallerstein and Blakeslee, 1989). Research about conflictual situations is more equivocal. The 'contact' arrangements of 100 children, which were court ordered and where parental conflict was ongoing, were studied by Johnston *et al* (1989). This study found that children with more frequent access to the non-resident parent were more emotionally troubled and behaviourally disturbed than children who had sole custody arrangements and less frequent contact. The authors concluded:

...there is no evidence, for or against [the view] that joint custody and frequent access when recommended by a court evaluator or ordered by the Court in cases where there are ongoing disputes, is beneficial to the child (Strategic Partners, 1998: p.578).

Furthermore, longitudinal research studies have emphasised that frequent and regular contact is only beneficial in the absence of parental hostility, particularly of the father towards the mother (Funder, 1996; Wallerstein, 1987; Curtner-Smith, 1995).

Several research studies have shown that children recover when they are in safer, more stable environments (Church, 1984; Wolfe *et al*, 1986; Johnson, 1995; Mertin, 1995). The most marked problems occurred for children whose exposure to domestic violence was recent, while children who had moved on and were no longer living with violence showed less emotional and behavioural disturbance (Wolfe *et al*, 1986). Mertin (1995) followed up 34 children and their mothers after leaving a women's refuge. Information was gathered from children and their mothers at two points (Time 1 – 2-16 weeks after separation from a violent father; and Time 2 – 10 months later.) Children had no contact with their fathers between Time 1 and Time 2. There was a striking recovery for those

children who at Time 1 had shown high levels of behavioural disturbance and depression. Mertin concluded that the recovery of the children was associated with protection from on-going domestic violence, and he suggests that discontinuance of contact may be beneficial.

A useful summary of the potential benefits and risks of direct child contact was outlined by Sturge and Glaser (2000, p.617) in their expert report for the Court of Appeal. This framework was developed after consideration of the research on domestic violence and child abuse and child contact (see Table 1). The benefits and risks outlined depend also on the particular child, the child's age, stage of development, circumstances and history, as well as the degree to which a parent has the capacity to appreciate the child's needs and respond appropriately to the child.

Table 1: The benefits and risks of contact

Benefits of Direct Contact

That contact meets the child needs for:

- Warmth, approval, feeling unique and special to the parent;
- Extending experiences and developing (or maintaining) meaningful relationships
- Information and knowledge
- Reparation of distorted relationships or perceptions

Risks of Direct Contact

Failing to meet (or undermining) the child's developmental needs or causing damage through contact. Specifically:

- Escalating the climate of conflict around the child which will:
 - a) undermine the child's general stability and sense of well-being;
 - b) results in conflict of loyalty and a sense of responsibility for the conflict;
 - c) negatively affect the child's relationship with both the resident and non-resident parent
- Direct experiences on contact of physical, emotional, sexual abuse, neglect or being placed in dangerous situations.

- Emotional abuse through the denigration of the child's carer and contact being used to continue the 'war' with the child's resident carer rather than to establish a positive relationship with the child.
- Continuation of unhealthy relationships e.g. bullying and inappropriate control through bribery and fear.
- Setting different moral standards of standards of behaviour.
- Child's needs not prioritised
- A lack of stimulating experiences for the child.
- Continuation of unresolved situations particularly in relation to the denial of abuse
- Unreliable contact in which the child is let down and experiences rejection.
- Contact which is against the child's wishes and undermines their right to have their feelings considered
- Continued litigation and changes to contact arrangements

Summarised from Sturge and Glaser, 2000: p.617-618

Sturge and Glaser make the following point:

'We consider that there should be no automatic assumption that contact to a previously or currently violent parent is in the child's interest; if anything, the assumption should be in the opposite direction'. (Sturge and Glaser, 2000: p.623)

Such a statement, based on the extensive research evidence, recognises that children need to be given the opportunity to recover and feel safe if they are not to be damaged in both the short and long term by their experiences of living with domestic violence.

2.7 The legal and policy context

Both the UN Convention on the Rights of the Child and the provisions of the Children Act 1989 have been interpreted as giving legal support to a pro-contact philosophy. In 1998, 78% of contact applications were granted, 13% were withdrawn, 5% orders of no order were made and 3% were refused (Lord Chancellor's Department, 1998). Case law has consistently articulated and embodied the presumption that child contact is in the best interests of the child under all but the most extreme circumstances, as illustrated by the

judgements outlined in the *Report to the Lord Chancellor on the Question of Parental Contact in Cases Where There is Domestic Violence* (1999).

In many cases where violence towards the child's mother was an issue, courts have ordered contact (Re S (Minors: Access [1990] 2 FLR 333; Re H (A Minor) (Contact [1994] Re H (A Minor) (Contact) [1994] 2 FLR 776; Re P (A Minor) (Contact) [1994] 2 FLR 374). In other judgements, such as Re O (Contact: Imposition of Conditions) [1995] 2 FLR 124], the father's suspended prison sentence, and repeated abuse of the mother in circumstances which were alleged to create distress for the child, were not considered sufficiently serious to over-ride the presumption of contact. In the case of Re S Minors ([1994] 10 October (unreported) CA (Lexis Transcript), the Court of Appeal allowed an appeal on the grounds that the original judge had been 'consumed by his perception of the father's violent conduct towards the mother...' The reported incident involved the holding of a knife to the woman's throat and threatening to kill both the mother and children.

These cases illustrate the extent to which the presumption of contact has displaced other considerations, such as the effects of domestic violence on both the children and their mother. Judge Victor Hall makes the following summary of child contact in relation to domestic violence:

Daily experience is that the feelings and wishes of the parent with whom the child lives are nearly always subjugated to those of the applicant, non-resident parent, almost irrespective of what the latter might have done in the adult relationship and the emotions and feelings that might have been engendered thereby (Hall, 1997: p.816).

The comprehensive consultation which provided the basis for the Report on *The Question of Parental Contact in Cases Where There Is Domestic Violence* (Lord Chancellor's Department, 1999) confirmed this perception. A wide range of organisations including children's charities, women's groups and professional bodies considered that the courts were placing too much weight on parental contact with children, and not giving proper weight to the issue of domestic violence.

From the late nineties, a series of legal judgements marked a shift in the overwhelming presumption in favour of child contact with the non-resident parent which has

characterised the practice of the courts in child contact decisions. This was indicative of a growing awareness of both the extent and impact of domestic violence, and its relationship to child abuse. Justices Straughton and Hale *Re D* (contact: reasons for refusal) [1997] 2 FLR 48 at 53, rejected an appeal against the denial of contact by a father who had been violent toward the child's mother. In a particularly significant, and now often cited aspect of the judgement, the judge acknowledged the seriousness of domestic violence when she made the following comment:

.. in the cases where the court finds that the mother's fears, not only for herself but also for her child, are genuinely and rationally held and it can be misleading to describe the parent's opposition to contact as implacable hostility.

One issue, amongst many, which is given attention by Justice Wall (*Re M* (Contact ; Violent Parent) [1999] 2 FLR 321), Sturge and Glaser (2000) and Butler-Sloss (2001) in her role as President of the Family Division, is the necessity for domestic violence perpetrators to acknowledge and recognise the damage which their violence and abuse may have had upon the children in the family. Without this recognition of the effects of their violence and a demonstration of an ability to change, they question the benefits of child contact. Such an acknowledgement places a responsibility on perpetrators of domestic violence that goes significantly beyond the notion that 'fathers have a right to see their children' and that all contact is in the 'best interests of the child'. It represents an important step in providing a more complex analysis of the issues of child contact and prevents the disaggregation of violence towards the child's carer (usually mother) from the effects that this may have on the children who live with domestic violence.

Other significant judgements in the Court of Appeal (*Re L; Re V; Re M; Re H* [2000] 2 FLR 334) upheld decisions made in the lower courts not to grant direct contact to fathers where there had been previous domestic violence. The Court of Appeal was informed by the expert evidence of Dr Claire Sturge and Dr Danya Glaser (2000), who prepared the report detailed earlier about the implications of domestic violence for child contact and the potential advantages and disadvantages of child contact. These judgements have been influential in providing guidelines for *Good Practice on Parental Contact in Cases Where There Is Domestic Violence* (Lord Chancellor's Department, 2001) and which embody the following:

- The court should consider allegations of domestic violence at an early stage in the proceedings;
- The court should make an order for contact only where the safety of the child and resident parent before, during and after contact can be secured;
- Subject to the seriousness of allegations, the case for children having separate representation needs to be considered;
- In cases of domestic violence, the reporter should address the issue of domestic violence, make an assessment of the harm which the child has suffered, assess whether the safety of child and resident parent can be secured, and make particular efforts to ascertain the wishes and feelings of children.
- Welfare reports should ensure that the secret whereabouts of resident parent and child are not revealed.
- The court should give consideration to whether it should exercise its power to make a non-molestation order;
- Consideration should be given to whether the person applying for contact should seek advice and treatment as a precondition to contact being ordered.
- When a finding of domestic violence is made the following should be considered: the effect of domestic violence on the child and parent with whom the child is living; whether the motivation of the parent seeking contact is in the best interests of the child or is a means of continuing harassment;
- An assessment of the likely behaviour of the parent seeking contact during contact and the effect on the child;
- An assessment of the capacity of the parent seeking contact to appreciate the effect of past and future violence on the other parent and the children concerned;
- An assessment of the attitude of the parent seeking contact to past violent conduct and particularly whether that parent has the capacity to change and behave appropriately.

While these safety issues are now being raised at the highest level, providing both new case law and new policy guidelines, it is taking some time for the implications of these changes to permeate through the courts and legal system. In a recent survey of their refuges, Women's Aid Federation of England found little effect so far of the new case law

and guidelines within the County and local courts. Refuges reported many examples of women being ordered to facilitate contact in circumstances where they had experienced severe domestic violence and where there were concerns about child abuse (Saunders, 2001).

The same conflicts and dilemmas that have characterised recent policy debates about child contact continue to emerge in discussions about when and how to enforce court orders for contact. The recent report from the Advisory Board on Family Law: Children Act Sub-Committee to the Lord Chancellor, *Making Contact Work* (Lord Chancellor's Department, 2002), however, acknowledges how inappropriate the enforcement of contact is when there has been domestic violence:

We have not forgotten or abandoned our previous conclusions and recommendations on domestic violence. Self-evidently they continue to apply. So, where domestic violence is involved, cases will need to be dealt with according to our previous recommendations and Guidelines. (Lord Chancellor's Department, 2002: p.5)

In the course of the research project there was a major re-organisation of the Court Welfare System into the new Children and Family Court Advisory and Support Services (CAFCASS) with the stated aim of providing a

'unified and child centred perspective driven by the child's right to appropriate participation in the Court process'. (Timmins, 2001: p.280)

This service will be central in translating the principles of recent guidelines into practice with children and families.

2.8 The development of contact centres

The establishment of contact centres is a relatively recent development in child welfare provision, dating from the mid nineteen-eighties (Furniss, 2000). This was initially fuelled by accumulating research findings, awareness of and concern about the increased levels of divorce and separation (Haskey, 1988); recognition of the importance of contact for children's well-being (Richards and Dyson, 1982); and an awareness that non-resident parents could quickly lose all contact with their children (McLaughlin and Whitfield,

1984), particularly if they did not have a home to which to take a child.⁶ These considerations prompted a range of voluntary agencies with an interest in promoting family life, including churches, WRVS and the major children's charities, to respond by providing neutral space for parents and children to meet one another, or for handover between parents (NACCC, 1994; Halliday, 1997). Often using facilities ill-suited but adapted for the purpose, like church halls, a very committed group of volunteers has expended enormous energy to support separated parents in maintaining a relationship with their children. Whilst sometimes unable to provide more than a friendly environment, refreshments and a minimal level of support, they have nevertheless provided a service which would otherwise have been unavailable within the statutory child care sector. The majority of contact centres fall within this broad category of providing supported contact and, therefore, low levels of vigilance.

At the same time, a smaller and more specialist strand developed within contact centre provision to provide supervised settings for contact. For example, where there were safety concerns or where an assessment of contact in more contentious circumstances was deemed necessary, including those where there was a history of domestic violence and/or child protection concerns. This has followed a pattern similar to developments in other countries which were often led by women's organisations concerned with violence against women and children (McMahon and Pence, 1995 [USA]; Strategic Partners 1998 [Australia]; Chetwin *et al.*, 1999 [New Zealand]). Supervised provision has tended to be funded directly or indirectly from the statutory sector, sometimes adopting a partnership model between statutory and voluntary agencies and/or being provided alongside supported provision in the same centre. These centres are much more likely than supported centres to employ Co-ordinators and staff, some of whom may be qualified in social work or allied professions, supplemented by the involvement of volunteers.

At the beginning of 2001 there were more than 280 contact centres affiliated to the National Association of Child Contact Centres (NACCC), 99% of which were supported and 1% of which were supervised.⁷

⁶ In McLaughlin and Whitfield's study, over 50% of non-resident parents, the majority of whom were fathers, lost contact with their children.

⁷ There may be other centres not affiliated to NACCC and both supported and supervised may be provided through other child welfare provision e.g. statutory and voluntary sector family centres.

Referrals to centres are most frequently made by professionals involved in the family court system (solicitors, Court Welfare Officers, magistrates, judges, social workers, guardians ad litem etc), but can come from agencies providing post-separation support (like mediation services) or parents themselves. In a survey of referral to contact centres by Furniss (2000), solicitors were found to be the prime source of referral (75%), followed by Court Welfare Officers (15%). However, of the 400 referrals examined in this survey, 50% came with a court order for contact and 80% of families had been to court in relation to child contact or residence arrangements at some stage.

Given that most separated parents are not reliant on any form of external facilitation for contact⁸, contact centre involvement, either supported or supervised, has generally been regarded as short term, transitional provision, with the aim of moving contact on to a more self-managed, less formal arrangement. Supervised centres are viewed as being required in only a small proportion of cases referred to contact centres.⁹

The rapid and diverse development of contact centres has occurred at the same time as enhanced perceptions of the need for support and supervision of parents in the contact process and has resulted in a high demand for such services. There is little doubt, however, that initial growth was under-funded and there was scant guidance about minimum standards or safety issues, for children, parents or staff. It is therefore not surprising that this increased use of contact centres, has had unintended negative, as well as undeniably positive, implications. A number of characteristics can be identified, some of which are beyond the control of centres, which have frustrated the aim of centres to promote positive contact between separated parents and children. Geographically, development has been ad hoc, resulting in uneven levels of provision between regions. In many areas there is no supervised provision. This patchiness is a result of a general lack of funding, particularly for voluntary sector provision, which has affected levels of provision, levels of staffing in specific centres, the professional qualifications of staff, the quality of provision and the number and adequacy of safety features and facilities for waiting parents.

⁸ Which does not, of course, imply that it is problem free.

⁹ Refer to comments made by Judge Hall at NACCC conference 2000

The establishment of NACCC co-ordinated efforts to establish the parameters of best practice and represent the interests of contact centre staff and volunteers, as well as those of children and parents. NACCC been involved in the drafting and dissemination of guidance to centres (NACCC, undated), and has actively participated in recent government-initiated debates and consultation exercises about contact in the aftermath of domestic violence and the enforcement of contact orders (Lord Chancellor's Department 1999 and 2001).

The pattern of development of contact centres in the UK replicates that encountered in other jurisdictions, notably in Australia and Canada, which have similarly struggled with the difficulties of providing safe contact between children and parents in the context of domestic violence or child protection concerns (Bala *et al*, 1998; Strategic Partners, 1998). In Australia, for example, voluntary sector child contact services experienced a level of demand they could not meet, particularly in relation to rural areas and Aboriginal communities. In response, and as part of a co-ordinated strategic approach to child contact and domestic violence, a pilot programme of ten contact services was funded and evaluated by the Commonwealth Department of the Attorney General's Office (Strategic Partners, 1998).¹⁰ The findings of this evaluation cannot be reproduced in detail here. However, they do highlight the need to provide a well co-ordinated and orchestrated range of services to resident, non-resident parents and children, if the principle of ensuring that children maintain contact with their non-resident parent wherever possible is not to conflict with the need to ensure the physical and emotional safety of all those concerned. The Australian evaluation also emphasises that contact centre provision cannot be considered in isolation. It needs to be approached as part of a continuum of services enabling parents and children to access easily the form and level of support appropriate to their circumstances and safety needs. This has resulted in a broader range of provision than is currently available within the UK (Johnston and Wallerstein, 1998), and a comprehensive set of minimum standards for the operation of contact centres (ACCSA, 1995).

¹⁰ This was part of the Family Relationships Services Programme, initiated after the reform of the Family Law Act 1975 (now the Family Law Act 1995) and of the National Women's Justice Strategy

2.9 Summary and key points

Despite recent legal and policy change, legal judgments and increased awareness of domestic violence, its impact on children and the negative implications for post-separation contact, concerns remain about how to ensure the safety and well-being of mothers and children;

- Increasing numbers of children are affected by parental separation or divorce and many quickly lose contact with their non-resident parent, usually their father.
- Poorer outcomes for children whose parents have separated are influenced by factors such as the level of economic hardship; multiple changes in family structure; the level of family conflict; the quality of contact with the non-resident parent; and the level of parental recovery from the distress of parental separation.
- Domestic violence is prevalent, is harmful in its own right and has been shown to have a markedly deleterious effect on the last three factors listed above
- Research studies have now demonstrated that there is a clear link between domestic violence and child abuse; that the point of separation is a time of increased danger for many women; that post-separation violence is a significant issue that needs to be recognised when making decisions about any child contact arrangements.
- Child contact may be used as a vehicle for the continuance of domestic violence
- In some circumstances the principles of promoting contact and keeping children and women safe may conflict
- Recent case law and practice guidelines have recognised that domestic violence and child abuse are harmful to children. The presumption that contact is always in the best interests of the child needs to be weighed against the potential for abuse offered by child contact arrangements.
- Contact centres developed, in the main, to assist parents in the difficult period following separation, but are increasingly dealing with situations of domestic violence and associated child protection issues.

SECTION 3: THE RESEARCH PROCESS

3.0 Introduction

This research examined the role of supported and supervised child contact in the context of domestic violence and child welfare concerns. In order to explore fully how arrangements for different forms of contact were shaped, consideration had to be given to a range of factors including legal practices and dominant professional and public discourses. In addition the different perspectives of those involved (professionals, mothers, fathers and children), and the interactions between them needed to be set against the broader context of social, legal and policy frameworks. The research process had to recognise the sensitivity of the issues involved and the potential risks to the safety of the research participants, including children, who agreed to talk about their experiences.

3.1 Methodology

The team adopted a range of complementary research methodologies. Whilst a questionnaire to all contact centres affiliated to NACCC gave base-line policy data, the main field-work took place in two geographical sites (see Section 3.3 below). Within these sites, a number of contact centres provided a point of access to parents, children and professionals which would not otherwise have been easily available and also allowed for the observation of supervised and supported contact in practice. The elements of the research, therefore, comprised:

- Questionnaire to all contact centres affiliated to NACCC.
- Observations at six supervised and supported contact centres in two geographical sites.
- Interviews with contact centre co-ordinators, workers and volunteers.
- Questionnaires to and interviews with referrers, predominantly court welfare officers.
- Questionnaires to and interviews with parents.
- Questionnaires to children.

The project team had to navigate a delicate course to ensure that obtaining methodologically robust data did not jeopardise the safety and well-being of participants. Where doubts existed about the implications of involvement for research participants, the

team erred on the side of caution. Therefore, whilst concerted attention was given to gaining as high a response rate as possible, the issues highlighted above inevitably militated against this. As important, was to ensure a diverse population, so that a range and depth of experiences was captured, particularly in terms of ethnicity.

3.2 The Policy Questionnaire

The policy questionnaire was sent to all 200 centres affiliated to NACCC and was intended to assemble baseline data from established centres, in relation to a number of operational and policy aspects of contact including: information about referrers; details about the nature and source of referrals; safety features; definitions of supported and supervised contact. 86 questionnaires were returned, which represented a 43%¹¹ response rate. A breakdown of the types of centres that responded is given in Table 2.

Table 2: Distribution of respondents to policy questionnaire by centre

Type of Centre	Proportion of Respondents	
	N	%
Supported	64	74
Supervised	6	7
Both supported and supervised	10	12
Meeting place	6	7
Total	86	100

This distribution of centres is different from that found in Furniss's study (Furniss,1998), where 99% of respondents were from supported centres. Given that some centres will have closed and other centres opened since her study, this could indicate that there has been an increase in the proportion of supported centres that have become wholly or partially supervised centres. Alternatively, there may have been a disproportionately higher response rate to the questionnaire from supervised centres

3.3 Selecting the research sites

The research aimed to build on Furniss's (2000) work by giving intensive consideration in two specific geographical areas, to safe child contact in the context of domestic violence and child welfare concerns. This allowed for a depth of data analysis and detailed

¹¹ Where percentages are used in the text or tables, these have been rounded to the nearest whole figure.

consideration of the inter-relationship between a range of factors that shape arrangements for child contact.

Two family court jurisdictions were identified in which there was an existing and well-established range of contact centres which offered both supervised and supported provision, served an ethnically diverse population and took the majority of their referrals from the locality. Eunice Halliday, Chairperson of NACCC, who had given her support to the original research application, assisted in the identification of the few localities in which these criteria were met. Through this process two sites were found that fitted the criteria and ensured both geographical and ethnic diversity:

- Site 1 - a city in the north of England
- Site 2 – an area of London

3.4 Initial access to centres

Once the two areas had been identified, various gatekeepers in the localities were approached. Direct contact was made with contact centre co-ordinators by 'phone and letter, and the detailed proposal sent for discussion with management groups, and within the staff groups of workers and volunteers. Visits were subsequently made to centres, for discussions with co-ordinators, management, workers and volunteers. This led to agreement to participate being given by the following:

- Centre A offering supervised and supported contact in separate parts of the centre
- Centre B offering supervised and supported contact in separate parts of the centre
- Centre C offering supported contact
- Centre D offering supported contact
- Centre E offering supervised contact
- Centre F offering supported contact

These initial discussions with centres about the detail of the research were important in setting the basis for active participation. Contact centre participation was prompted by a

wish to contribute to policy development and to secure a recognition of the crucial work centres play in facilitating contact.

3.5 Observations at contact centres

Once access had been agreed, members of the research team spent time in each participating centre across the two sites. This took the form of participant and non-participant observation during contact sessions, followed by discussions with contact centre staff and volunteers. During further visits, interviews with mothers, fathers and children were undertaken.

These observations were unobtrusive, but not covert. Parents became aware of the research, through the distribution of an information leaflet, discussions with members of the research team and explanations given by the centre staff.

This was an important initial phase of the research process used to gain an insight in each of the centres of the relationship between the process of contact and safety issues, which included the following:

- Awareness of the position of the centre within the community and issues associated with travel by public or private transport;
- Familiarity with the physical layout of the centre, safety features etc;
- Noting provision for mothers, fathers and children, including toys and play materials and refreshments;
- Observations of levels of supervision and intervention by staff;
- Observations of levels of interaction between resident and non- resident parents, parents and children, volunteers/staff and parents etc.
- Observations generally on the workings of each centre.
- Discussions with volunteers/staff, at a general level, about how they view the workings of each centre;
- The opportunity for triangulation with data from other aspects of the research – points of difference and consensus

Dates and times of observations were kept in a research log and notes were made as soon as possible after each observed session. The records of observations and discussions were used to frame subsequent semi-structured group and individual interviews and to inform the data analysis.

3.6 Contact centre co-ordinators

Interviews were undertaken with co-ordinators at all the centres and with workers, volunteers and management committee members in some of the centres. This resulted in the participation of a total of 11 co-ordinators¹² and 20 workers and volunteers from six centres across the two sites. A topic guide was used to give direction to the interviews and to allow for comparisons between centres as well as to afford enough flexibility for issues and circumstances specific to particular centres and/or geographical areas to be explored. These discussions:

- Clarified understandings of supervised/supported contact
- Identified current practices in relation to safety
- Explored current relationships between contact centres and courts and other referrers
- Identified the criteria upon which centres accept referrals including responses where domestic violence is known at the time of referral or subsequently becomes evident
- Located current difficulties and views about the ways in which these may be overcome

3.7 Referrers

Access was sought to a number of professional groups that constitute sources of referral to the participating contact centres, including Court Welfare Officers, solicitors, judges, Guardians ad Litem and social workers. Initial contact was made with Senior Court Welfare Officers in teams covering the two locations and focus group discussions subsequently took place with a total of 20 Court Welfare Officers.

¹² Some centres had joint or assistant co-ordinators.

A questionnaire was designed, piloted, revised and distributed through Senior Court Welfare Officers to all Court Welfare Officers making referrals to the participating centres. The questionnaire enabled us to:

- Identify and clarify, from the perspectives of referrers and providers, the extent to which safety considerations informed various arrangements for contact
- Investigate the criteria which inform referral decisions
- Explore the role of referrers in shaping provision
- Identify areas of satisfaction and dissatisfaction with current provision
- Establish degrees of congruence between the views of referrers and those of Co-ordinators

The questionnaire was returned by 27 Court Welfare Officers.

The same questionnaire was sent via centre co-ordinators to referring solicitors and 2 questionnaires were returned from solicitors in Site 1.

The questionnaire was also sent to judges identified by Court Welfare Officers; 2 were returned and 3 interviews undertaken.

Out of 60 questionnaires distributed, a total of 34 were returned. This represented a 47% response rate. The majority of respondents were Court Welfare Officers.

3.8 Parents

Access to parents was facilitated through the six contact centres, and a range of strategies was adopted to ensure as many respondents as possible, bearing in mind the difficult circumstances with which many parents were contending. The aim was to capture as broad a range of experiences of contact as possible rather than to obtain a random or representative sample of parents.

Information was initially distributed, by centre staff and members of the research team, to all resident and contact parents attending sessions at the centre over the course of several contact sessions.

When attending the sessions, members of the research team initiated contact with parents to make them aware or remind them of the research, and to answer any questions parents had about the information they had received. Parents then had the option of filling in the questionnaire whilst at the centre (for those resident mothers who waited during sessions or non-resident fathers who were required to wait at the end of a session while the mother left) or take them away with a freepost envelope. Researchers were on hand to assist and support parents in completing the questionnaire if required. This support was considered important given the complex and often painful issues involved, where parents had a learning disability, literacy problems or (for the high number of parents using the Site 2 centres) for respondents for whom English was a second language. By the time parents consented to complete the questionnaire, they had received written information and in most instances clarified with researchers the aims of the project.

The questionnaire focused on parents' experience of their current arrangements for contact at the centre. It generated both quantitative and qualitative data. Some questionnaires which were completed with the assistance of research team members generated as much detail as an interview. This richer material was recorded and analysed in the same way as data from the qualitative interviews with parents. A question about consent to a further interview was included in the questionnaire.

3.8.1 Profile of respondents to parents' questionnaire

71 resident parents (70 of whom were mothers) and 40 non-resident parents (35 of whom were fathers) responded. Whilst it is difficult to establish an exact response rate, comparison with centre records of the numbers of families attending the centres on research days indicates a very high response rate from mothers and a much lower rate from fathers. On average, during a contact session in each of the centres, 12 families used the centre (excluding handover arrangements).

It is difficult to form a view of the similarities and differences between those who responded and the overall population of mothers and fathers using the contact centres studied. All but two of the resident mothers who were approached responded. There were more direct refusals from fathers (almost half of those approached) and one from a contact mother. Some fathers took the questionnaire away and then did not return it. It was more

difficult to obtain a response when arrival and departure times were concurrent rather than staggered, or when the centre was being used for handover only. Some children were accompanied to the centre by relatives because mothers were too frightened to attend themselves¹³. The difference in the response rate between resident mothers and contact fathers is likely to be in part due to organisational factors but also in part due to different attitudes towards the research.

There were high levels of unemployment amongst both mothers and fathers using centres, suggesting the likelihood that both groups were contending with socio-economic stress. This has been found to be a significant factor in eroding contact with the non-resident father, (Walker, 1997)¹⁴.

The age distribution of resident parents/mothers who completed the questionnaire is shown in Table 3, and shows the biggest group, 50% (N=36) aged between 26 and 35 years of age.

Table 3: Age distribution of resident parents/mothers

Age Group	Proportion of Mothers	
	N	%
16-25	13	18
26-35	36	50
36-45	19	26
46-50	2	3
51+	1	2
Total	71	100

The age distribution of non-resident parents/fathers shows a greater proportion than resident parents/mothers in the 26-35 year age group (see Table 4). While there may be an under-representation of younger fathers, it needs to be recognised that the majority of fathers do not have their first child until they have reached their thirties (Bradshaw, *et al*, 1999).

¹³ Based on the account of the accompanying relatives.

Table 4: Age distribution of non-resident parents/fathers

Age Group	Proportion of Fathers	
	N	%
16-25	1	3
26-25	23	56
36-45	12	31
46-50	2	5
51+	2	5
Total	40	100

3.8.2 Profile of respondents to parents' telephone interview

Telephone interviews were conducted using a topic guide to frame discussion with those mothers and fathers who had, in the questionnaire, given written consent to be interviewed. This established a broader picture and gave further contextual detail about the history of contact arrangements, legal interventions and hopes and fears about arrangements in the future. The same topic guide was used with fathers and mothers to ensure that the same opportunities were offered to each group.

Interviews were held by telephone at the convenience of respondents to allay any concerns about safety, privacy and confidentiality which could not always be ensured at the centres due to the limitations of the buildings in which contact sessions were held (they might be overheard by their former partners, contact centre staff and other parents). It was felt that valid (sensitive) qualitative data could be obtained by this method particularly since most respondents had already met their interviewer, who had some knowledge of their situation.

14 interviews were held with resident mothers, 2 with non-resident fathers, and one with a non-resident mother.

3.8.3 Numbers of children

Large families did not figure in the group of responding resident parents/mothers, and over half of the group had only one child. 84% had one or two children.

¹⁴ Her study found that 75% of unemployed non-resident fathers had little or no contact.

Table 5: Numbers of children in families

Number of children in family	Proportion of resident parents/mothers	
	N	%
One child	40	55
Two children	22	29
Three children	6	10
Four or more children	3	4
Total	71	100

3.9 Children

Access to, and interviewing of, children has been one of the most difficult aspects of the research. Initially, face-to-face interviews with children using the centres were planned, with access through the parents who had already responded. However the question of parental consent posed particular ethical and safety issues. The majority of responding resident and non-resident parents where there was a history of domestic violence nonetheless continued to share parental responsibility and were in conflict about the level or form of contact. Given this and mothers' continuing concerns about their or their children's safety, it seemed sensible to obtain the consent to interview of both parents, as well as the children themselves. Otherwise, both children and resident parents could feel fearful about responding. Consent was sought through the parents' questionnaire. However, whilst resident parents (usually mothers) readily gave their consent, non-resident parents (usually fathers) did not.

Instead a child-centred interview sheet / questionnaire for children between 5 and 10 years was used. This was addressed to the child and provided a section on the cover where the child and each parent could give agreement. This proved less problematic.

Responding parents had between them (approximately) 60 children, 64.2% of whom were aged below 4 years at the time of interview and 31.1% of whom were between 5 and 10 years old (33 children). 18 children between the ages of 5 and 10 completed questionnaires and there were two 11 year olds and one 13 year old.

All but two children had the consent of both parents. Two children aged 9 and 11 wanted to fill in the questionnaire and had the consent of their mother. They did not want their

father to be asked and asked for reassurance that he would not know they had completed it. They were deemed to be of sufficient age and understanding to make this decision.

3.10 Ethnicity

Research in relation to ‘race’, ethnicity and domestic violence has shown that racism or fears of racism permeate both experiences of, and responses to, women and children (Mama, 1996; Rai and Thiara, 1997) and may raise additional social and economic barriers to revealing the incidence of domestic violence. This is more complicated where English is not a first language or there are issues relating to immigration or refugee status. These factors are also likely to influence experiences of the contact process, including associated legal proceedings. For children who are black or of mixed parentage, the relationship between contact and issues of identity and well-being may have particular significance and may also be influenced by experiences and awareness of racism.

Ethnic diversity amongst parents and children involved in the research process was considerable, but different in each of the two geographical sites. Across the whole sample of responding mothers and fathers, 49% of the 91 parents who described their ethnic identity were from black or minority ethnic groups. In site 2, parents and children using the centres were disproportionately drawn from black and minority ethnic groups, whether compared with the ethnic distribution of the population in the UK or with the population in the localities served by the centres, (although not so marked in this latter case). Within the four centres in site B, the proportion was 60%; in one centre the proportion of respondent parents from black or minority groups was 84%. The largest group described themselves as Black British, followed by those from South Asian backgrounds, particularly from Pakistan and Bangladesh.

This over-representation cannot be fully accounted for, but raised questions about court and referral processes placing some families under greater surveillance than others. Also, there is the possibility that the impact of separation and divorce is more intense for some minority ethnic groups, with different cultural meanings and consequent implications for contact, resulting in higher demand for contact centre provision. Fear of abduction may also be more acute where extended family members live outside the UK and/or where non-resident parents hold dual or non-British passports. This was the case for many

families using centres in site B. While the ethnic profile registers the need to recognise cultural differences and the real fears of some individual parents/mothers, it also highlights the importance of being alert to the potential for discrimination within the referral process.

3.11 Analysis

The content of the policy questionnaire and those from referrers and parents was analysed using SPSS to identify demographic patterns. The interviews with co-ordinators, referrers and parents were analysed through manual analysis of transcribed recordings using a coding frame, together with the use of Atlas qualitative software package. The questionnaire for children was analysed manually together with associated qualitative material. The triangulation of data has been used to identify key themes and issues relating to the process of establishing arrangements for contact through a centre.

3.12 Definitions and terminology

Based on an understanding of research in the field of domestic violence, the research team subscribes to the following gendered definition as being inclusive of the broad range of experiences and related issues:

Domestic violence typically involves a pattern of physical, sexual and emotional abuse and intimidation which escalates in frequency and severity over time. It can be understood as the misuse of power and exercise of control (Pence and Paymar, 1996) by one partner over the other in an intimate relationship, usually by a man over a woman, occasionally by a woman over a man (though without the same pattern of societal collusion) and also occurring amongst same sex couples. It has profound consequences in the lives of individuals, families and communities

(Mullender and Humphreys, 1998: p.6)

Sections 2.4 - 2.6 of this report review research about the relationship between domestic violence and child abuse. References to child protection within the remainder of the report apply specifically to the issues arising from, or associated with, domestic violence, rather than child abuse more generally.

These understandings were neither assumed nor imposed in the course of the research with participants. In interviews with parents a broad range of difficulties associated with

contact was explored. In interviews with professionals and contact centre staff their definitions and understandings of the term 'domestic violence' were discussed.

Finding the appropriate terminology for parents involved in the research has proved problematic. Use of the terms *resident* and *non-resident parents* obscures the significance of gender. On the other hand, the use of gendered terms fails to acknowledge that some men are resident parents and some women are non-resident parents and that the circumstances of contact can be equally difficult. Given that all but one of the 71 resident parents involved in the research were mothers and all but five of the non-resident parents were fathers, it was decided that gendered terminology was appropriate. Where particular responses are made or issues raised by non-resident mothers, these are noted in the text.

SECTION 4: DIFFERENTIATING SUPPORTED AND SUPERVISED CONTACT: THE PERSPECTIVES OF CONTACT CENTRE CO-ORDINATORS AND REFERRERS

4.0 Introduction

The introductory section has given an overview of the difficult issues involved in defining children's interests in relation to contact in the context of domestic violence or child protection concerns, and in making appropriate arrangements for contact. The inception and development of contact centres, whilst fuelled by a plethora of concerns about contact and the need to offer a range of contact options (NACCC, 1994), has become a central aspect of discussions about contact in the context of domestic violence (NCH Action for Children, 1999). It has been noted that there exists a huge diversity in the policy and practice of supported and supervised contact centres, both within and between geographical areas.

Centre co-ordinators and referrers are involved in applying legal provisions and policy guidance, as interpreted through their professional and personal attitudes and values. They are also influential in negotiating and attempting to resolve differences of views between parents in dispute and possible shortfalls in resource availability. The understandings of those involved in the whole process, about the concepts of supported and supervised contact, are crucial in shaping arrangements for contact. Any ambiguities or differences in perception between centre staff and volunteers, judiciary, referrers, resident mothers and non-resident fathers and children may be significant in affecting the quality and outcomes of the experience, and may compromise the safety or well-being of children and women.

Key research aims included establishing baseline data from the policy questionnaire and exploring perceptions (of centre co-ordinators, volunteers and referrers in the two study sites) of the background factors and criteria which informed decisions to establish contact within a supervised or supported centre. A particular focus for analysis was the influence of domestic violence on child contact arrangements.

The next two sections explore the concepts of supported and supervised contact from the perspectives of co-ordinators and referrers, with a view to establishing areas of agreement and disagreement about thresholds between them.

4.1 Key Characteristics of supervised and supported contact

4.1.1 Co-ordinators' perspectives

The policy questionnaire, sent to all centres, asked co-ordinators to identify the type of service they provide and the features they associated with supervised contact. From the 86 responses to the questionnaire, 74% of co-ordinators said they provided supported contact; 19% said that they provided either only supervised or both supervised and supported contact; while 7% said they provided a meeting place.

However, when views about the characteristics of supervised contact were sought there was only partial agreement about what this provision actually entailed (see Table 6).

Table 6: Characteristics of supervised contact: co-ordinators' perspectives

Safety Measure	Yes		No		Occasionally		Missing	
	N	%	N	%	N	%	N	%
One of more staff per family	63	73	14	16	5	6	4	5
High ratio, not one to one	18	21	44	51	10	11	14	17
Supervision by other family	11	13	44	51	10	11	21	17
Supervisor facilitates support	42	49	18	21	9	10	17	20
Report back to professionals	54	63	12	14	10	12	10	11
Supervisor must hear conversations	65	76	5	6	7	8	9	10

The data suggests relatively high levels of agreement about some of the requirements of supervised contact arrangements. The provision of one or more staff members per family and the necessity of being able to hear conversations between parent and child were identified by 73% and 76% respectively of responding co-ordinators. Some level of agreement was also apparent in relation to reporting back to professionals (63%). There was less agreement about whether supervision by another family member was appropriate, about supervisors facilitating contact, or whether a high ratio of staff (but less than one-to one) to family was necessary. A number of co-ordinators indicated that, as they did not run supervised centres, they did not feel able to define the characteristics of supervised contact. However, amongst the co-ordinators who said they ran supervised

centres, half thought that there should be a high ratio of staff to families, but not one to one, and four of the 16 centres thought that supervision by a family member was, or was occasionally appropriate.

One centre worker differentiated a level of service provision beyond that of supervised contact:

We call ours more of an assessment centre than supervised contact. It's assessment with a goal really....I have done one to one supervision when you're actually in the same room and you overhear every word. But that is not what this centre is about really. You can't possibly hear every word, you can't when you've got half a dozen families in sometimes to look after. (Worker, Centre E)

In broader discussions of safety issues in interviews with co-ordinators and workers, it became clear that they were dealing with levels of domestic violence in families using the centres that exceeded their initial expectations and the original aims of supported contact. For example, one supported centre co-ordinator summarised the origin of their centre:

The centre was set up originally for the kind of families that lack contact...where there was a reason why parents could not make their own arrangements, and needed this neutral venue where contact could take place, so they could hopefully work on improving things to a point where contact could take place somewhere else....we hoped a family would need only 12 visits. Within that time things would change sufficiently, or it would be established that contact wasn't possible. (Co-ordinator Centre C).

This centre's own research revealed that of parents using the centre in one month in the year 2000, twelve out of 21 (57%) resident parents cited domestic violence and child abduction (actual or threatened), while a further six out of 21 (29%) cited child protection issues which had involved social services investigations. Of the cases of reported violence, one of the men had a conviction for violence and had been imprisoned for the assault which hospitalised his ex-partner; one woman had a prohibited steps order against the father who had previously abducted the child, and a further three had non-molestation orders or undertakings.

Another co-ordinator of a centre offering both supervised and supported contact arrangements made the following observation:

I think supported contact centres are being used inappropriately, because, if I look at the way our supported contact centre is being used, you have 67% domestic violence with huge levels of mental health problems, drug use and abduction threats and we're actually identifying we have these cases. [The centre also has a significant amount of internal security]. Other centres are saying they haven't got the same high level. However, I think that what is happening is that supported centres are not getting to grips with the sort of clients they are having, therefore, a lot of people remain at risk. (Co-ordinator, Centre B)

These views revealed a mismatch between the goals of supported contact centres and their provision of a service for a significant group of families where there is a history of domestic violence, and raised issues about the relationship between supported and supervised provision. In part this may be due to very real resources constraints, such as the limited availability of supervised centres. However, contact centre co-ordinators also expressed concerns about the level of confusion amongst referrers about the differences between supported and supervised centres and associated safety measures:

There are a lot of people who don't understand what a supported centre is. They refer to supported centres but order supervised contact. We have judges and solicitors who still don't know what it is and that makes it difficult. We look at the referral to the supervised centre and always clarify what people mean. (Co-ordinator, Centre B)

An additional difficulty experienced by co-ordinators and centre staff concerned insufficient or inaccurate information provided by solicitors at the point of referral, especially in relation to previous violence and abuse. This was seen by some centre workers as inadvertent and due to a lack of rigour on the part of solicitors:

It worries you in a way, because some of those cases involve very vulnerable people and solicitors are dilatory in seeking out services for their clients. (Co-ordinator, Centre A)

On other occasions it was viewed as a way of misleading centres into accepting situations that would not meet referral criteria:

Effectively, a lot of centres are basically being used as dumping grounds for difficult cases. (Co-ordinator, Centre A)

4.1.2 Referrers' perspectives

A similar set of questions was explored in the questionnaire to referrers in the two geographical sites, and Table 7 sets out the 34 responses that came primarily from court welfare officers.

Table 7: Characteristics of supervised contact: referrers' perspectives

Safety measure	Yes		No		Missing	
	N	%	N	%	N	%
One or more staff per family	24	71	9	26	1	3
Close supervision at all times	23	68	10	29	1	3
Supervision by family members	4	12	29	85	1	3
Supervisor supports child	30	88	3	9	1	3
Supervisor must hear conversation	28	82	5	15	1	3
Report to court	30	88	3	9	1	3

Responses showed a high level of agreement about supervisors supporting the child, reporting back to court and the inappropriateness of supervision of contact by a family member.

It was surprising, given the seriousness of the circumstances in which supervised contact is usually recommended, that a significant minority of referrers felt that close supervision was not necessary (29%); that there was no need for one or more staff per family (26%) and that conversations did not have to be heard (15%). When Court Welfare Officers were interviewed, these levels of disagreement became more evident. For example, a supervised centre used by one group of Court Welfare Officers did not provide one to one

supervision, non-resident parents could go outside into a playground which was often unobserved, and conversations could not be heard.

Responses to the questionnaire also indicated that a significant number of referrers had been using provision which they considered to be less than appropriate in terms of levels of supervision (63%) or safety features. This often related to the lack of availability of supervised provision, as one of the judges interviewed registered:

We don't have nearly enough of the provision for supervised contact at the various levels. (Judge 2)

Serious consequences may result from decision making when there are such limited resources. In group discussions with Court Welfare Officers, strong feelings were expressed about levels of supervision being inadequate for some situations, even in supervised centres:

I've seen instances in our contact centre where people have been allowed to go and have conversations with the other parent where there are allegations and proven cases of domestic violence. (Court Welfare Officer, group interview 2)

There were concerns about low staffing levels and the extent to which the physical layout of buildings inhibited supervision. There was concern, also, that sudden crises or incidents tended to divert the attention staff and thereby dilute the intended level of supervision for other families. In relation to supervision, communication was identified as a central issue and there was recognition that staff in contact centres were not always given all of the information necessary to ensure the appropriate level of vigilance, either at the start of contact or as a situation changed over time:

A contact centre can have a policy, but it won't be able to implement that policy if it is not given the right information. The case that I had, the contact centre had accepted them because neither solicitor had told them anything about violence. (Court Welfare Officer, group interview 2)

It's very easy for situations to move on with us but the contact centre staff not to know. Not to be aware, you know, of the severity of situations, the degree of situations so I think it's about training

as an issue, but I think it is also about our communication. (Court Welfare Officer, group interview 1)

Other difficulties related to differences of opinion between Court Welfare Officers and Centre staff about the form supervision should take. It was felt that sometimes Centre staff made their own assessment of the situation and decided to alter agreed levels of supervision without consultation.

And Mum, if she's agreeing to what she's been led to believe is supervised contact only to find that it is not supervised contact, because the kids have gone into the playground with their Dad, and a supervisor hasn't automatically gone out and that Dad has said something inappropriate to the kids (Court Welfare Officer, group interview 1)

Where inappropriate referrals to supported centres are knowingly or inadvertently made, referrers were aware of the implications for parents:

They are told it is supervised contact because there are people there. They are not told that these are volunteers who have not been trained. (Court Welfare Officer, group interview 1)

A predominant view expressed in discussions with Court Welfare Officers (which reflected those of co-ordinators) was that whilst supported contact centres had an important role to play in facilitating contact, they were often misused:

Supported contact can be a useful resource. The mother has said that she doesn't want to come into contact with the father, 'I don't want to see his face again', but it's okay for the children. They're in a different room and all that, so it fulfils a useful function. (Court Welfare Officer, group interview 2)

They work well when they are used for the purpose they were set up for. In reality, they are being used for all sorts of things (Court Welfare Officer, group interview 1)

Apparent consensus around the significant role of supported contact centres was not synonymous with agreement about distinguishing between referrals suitable for supported and those suitable for supervised. 73.5% (N=34) of referrers responding to the questionnaire were confident about making this distinction, finding it easy or very easy to

distinguish. 26.4%, or nine, respondents found it fairly difficult or difficult. Group discussions with Court Welfare Officers showed that, whilst many individual officers may feel confident about this, there was, for some Officers, ambiguity or reluctance about specifying the factors they take into account:

You just have to decide on a case to case basis. (Court Welfare Officer, group interview 1)

Or there was some disparity of views about the kind of situations suitable for each kind of centre, indicating a notable lack of agreement about levels of vigilance required, as this following excerpt demonstrates:

CWO 1: I have gone for supported contact when there is a fear of abduction. That's worrying because you wonder how long it can go on.

CWO 2: But I would worry about that – I don't think that a supported contact centre can prevent abduction

CWO 1: Some can and some can't. The mother is usually on the premises

(Court Welfare Officers, group interview 1)

In addition, Officers felt that there are differences within and between supervised centres, for example, to the extent that the terms supported and supervised were not always meaningful in terms of levels of vigilance:

When I refer to Blank (Centre designated as supervised) I don't see it as supervised contact. I see it as supported contact. I think supervised contact inherently contains one to one staff ratio and that is not present at Blank. (CWO group interview 2)

All three judges interviewed referred, in different ways to the difficulties of distinguishing between situations that required supported or supervised contact, and indeed those where no contact was indicated:

It's very difficult to draw generalisations. (Judge 1)

It's immensely difficult.....it's impossible to generalise. (Judge 3)

4.2 Further essential safety measures

The previous section identified a number of key elements for ensuring the safety of families using contact centres and highlighted divergent views which undermine the centres' ability to provide safe child contact in the context of domestic violence and child welfare concerns. In this section further safety measures provided within contact centres with a view to ensuring the safety of families are assessed.

4.2.1 Co-ordinators' perspectives

In the questionnaire, co-ordinators were asked to identify which of the following features their centres provided to support safety:

Table 8: Safety features at centres responding to the policy questionnaire

Safety Measure	Yes		No		Missing	
	N	%	N	%	N	%
Staggered arrival/departure	73	85	11	13	2	2
Separate entrances	36	42	49	57	1	1
Video cameras	3	4	82	95	1	1
Restricted movement in building	69	80	16	19	1	1
Screening on the referral form	44	51	41	48	1	1
Screening through interview	15	17	70	82	1	1
Challenging inappropriate conversations	58	68	27	31	1	1
Implement risk assessment where domestic violence and child protection identified	35	41	50	58	1	1

A more detailed analysis revealed that some of the centres had all the features listed, and that some centres had very few. Even in those 16 centres identified as supervised or supervised/supported centres, 44% did not interview children, mother or fathers before contact; 38% did not have separate entrances; 88% did not have video camera surveillance at the entrances; 44% did not screen on the referral forms for domestic violence; and 50% did not screen at interview for domestic violence; 25% did not implement a risk assessment when domestic violence or child protection issues were

identified. Nevertheless, all these supervised/supported centres said that they were satisfied or very satisfied with the safety measures they provided.

Although staggered arrival and departure times were the most frequently provided safety measure, some co-ordinators did not have much faith in them. At one centre, where there was a back door, but no proper separate entrances, and no separate and potentially secure waiting room, the following was described:

One situation was where there had been attempted murder of the mother – however we took the case and were careful to stagger the arrivals. We did silly things like coming in one door, and the other going out the other door. The woman used to go out the back door and catch a cab to the refuge. (Co-ordinator, Centre B)

Staggered arrival and departure times may be a cheap and easy measure to offer, but they are difficult to enforce, particularly when 57% (N = 49) of contact centres do not have separate entrances and exits.

4.2.2 Referrers' perspectives

Referrers were also asked for their views about a similar set of measures, in relation to supervised and supported provision.

Table 9: Safety features of supervised contact: referrers' perspectives

Safety Measure	Yes		No		Missing	
	N	%	N	%	N	%
Staggered departure and arrival times	32	94	1	3	1	3
Screening for domestic violence and child abuse	28	82	5	15	1	3
Parents interviewed prior to contact	28	82	5	15	1	3
Children interviewed prior to contact	19	59	14	41	1	3
Facilities for resident parent	31	91	2	6	1	3

There were high levels of agreement among referrers about safety features such as a separate waiting facility for non-resident parents and staggered arrival and departure times. There was disagreement, however, on other issues, such as interviewing children prior to coming to the centre. A worrying number of referrers (only one fewer than for the same question for supported contact) did not consider screening for domestic violence or child protection to be an essential safety feature for supervised contact. In relation to supported contact, referrers were asked about a range of measures as outlined in Table 10.

Table 10: Safety features of supported contact: referrers' perspectives

Safety Measure	Yes		No		Missing	
	N	%	N	%	N	%
Staggered arrival and departure times	29	85	5	15	0	0
Contact observed but not closely supervised	27	79	7	21	0	0
Locked entrances and exits	16	47	18	53	0	0
Addresses kept confidential	31	91	3	9	0	0
Trained staff and volunteers	32	94	2	6	0	0
Screening for domestic violence	28	82	6	18	0	0
Parents interviewed prior to contact	21	62	13	38	0	0
Other	5	15	29	85	0	0

Staggered arrival times, contact observed but not closely supervised, addresses kept confidential, trained staff and volunteers and screening for domestic violence seemed to be safety standards that most referrers expected in supported contact centres. There was less agreement about locked entrances and exits and parental interviews.

4.3 Screening for or asking about domestic violence

Active screening for domestic violence where arrangements for child contact are contested, as in other child welfare intervention, has been shown to dramatically increase awareness of domestic violence and to be of central importance if the safety of women and children is to be assured. It is supported, not only by recognition of high levels of post-separation violence, but also by evidence that many women either feel too humiliated to name domestic violence, or fear they will not be believed. (Hester and Pearson, 1998).

‘Screening is a big issue and one that mediators and Court Welfare Officers particularly have had to grapple with, in the context of domestic violence, following pressing and persuasive voices from research’ (Furniss, 2000 p.258)

In other countries, screening and assessment before contact begins are seen as a central strategy for ensuring the safety and well being of contact centre users. The Australian contact centre evaluation highlighted the fact that assessment is one of the most developed areas of contact centre practice (Strategic Partners, 1998). However, half of the co-ordinators who responded to the policy questionnaire did not screen for domestic violence or child abuse even on the referral form.

Although some co-ordinators may use interviews with parents as an opportunity to talk about problems and safety issues, this was not necessarily being systematically carried out in these interviews. Two different views were expressed by co-ordinators who were interviewed.

We don’t always know about domestic violence. I stopped asking the question in the initial interview as they don’t always tell you in the first interview anyway, and it can make one of the parents very antagonistic. (Co-ordinator, Centre D)

Sometime I only sort this [safety measures] out at the first meeting. I ask mothers [and fathers separately, though with much less take up] to come for a pre-visit.... at this point we go through the form and say, why are you here? Do you have concerns? Has anyone brought you here?...at this point I find myself saying, where there is a history of violence, ‘If you don’t feel safe, we can’t guarantee your safety, you need to think very carefully about whether you’re going to come. They usually say they have a court order...they feel intimidated. (Co-ordinator, Centre C)

The question of interviewing parents is significant as it can provide contact centres with information about families independently of the referrer. For example, Centre B found that screening for domestic violence through interview in their supported contact centre resulted in 67% of resident parents/mothers reporting domestic violence.

Clearly, however, active screening for domestic violence raises concerns about resources and the status of organisations providing a contact service. In this study, centres which screened through interview and encouraged pre-contact visits had employed paid co-ordinators for at least one day a week. Screening is not a process which centres staffed by volunteers were readily able to undertake because the added step towards assessment requires professionally trained staff and may undermine the voluntary basis of the service in the UK.

Without exception referrers who responded to the questionnaire said that they screened for domestic violence. This response is anomalous with the reports of centre co-ordinators, who were not always aware at referral stage, or even after contact had begun, that there was a history of domestic violence or threats of abduction.

Views about screening and the ways in which it is undertaken are related to underlying definitions and understandings of domestic violence. This affects how screening occurs, the thoroughness with which it is undertaken, decisions about when information is shared or withheld and how its significance to children is evaluated.

Amongst many co-ordinators, workers and referrers there was a high level of awareness of the forms, extent and impact of domestic violence:

There are so many varieties of domestic violence. It is the individual's experience that determines what the level of seriousness is, not so much the level of injury. How an individual mother's perception of what feels to her like crushing abuse which she can't stand up against and has bowed her down. It might relate to her personality which does not or should not affect the relationship between the children and their family. (Court Welfare Officer, group interview 2)

All three judges interviewed believed that domestic violence was more likely to be recognised than previously:

There is a tendency now to take domestic violence more seriously. (Judge 1)

The courts are very much aware of the importance of domestic violence...and the impact on children when making decisions about contact. (Judge 2)

It was therefore more likely to be taken into account within the Family Court jurisdiction, in comparison with the criminal justice system:

There is always more evidence available in family proceedings than in criminal proceedings. (Judge 1)

This has included a recognition that:

Implacable hostility can be generated through previous domestic violence or drunkenness or some other unpleasant conduct. (Judge 2)

There was considerable support for this ‘wind of change’ (Court Welfare Officer, group interview 2) which has received endorsement in legal and policy shifts described earlier. The day to day practices of some referrers and centre workers demonstrate, however, that a gap remains between intention and action, and that quite negative views about some resident parents/women prevail.

There was evidence, for example, that a pejorative concept of implacable hostility is influential in thinking about resident parents/mothers. The construction of mothers as obstructive was prevalent amongst many (though not all) of the co-ordinators and supported some mothers’ views that in some centres workers are hostile towards them. One worker explained:

Most mothers say that they want children to have contact with the father, but they really don’t. They do everything they can to prevent the contact from working. They try to influence the children at home. They say to contact workers when they arrive at the centre that the child is upset and doesn’t want to see the father. If the child is clingy they say contact can’t go ahead. They turn

up late or not at all. They say there are behavioural problems and get contact stopped. Then there is a break and the whole process resumes again this causes great frustration for contact parents and leads to hostile confrontations with staff or resident parents outside of the centre. (Worker, supervised centre).

They sit in there and they are constantly slagging the fathers off. Mothers are just horrible to them. Sometimes I think it is like a witches coven. Talking and giving each other hints about how to stop fathers. Sometimes we go in just to stop this kind of discussion. (Worker, supported centre)

One co-ordinator when asked whether she thought that mother's problems in relation to child contact had a lot to do with her fears for herself or fears for her child, gave this reply:

I don't think it is either of those two things. They don't want it to work. The Dad's left for whatever reasons they've had in the past. All these bad things happened, but she can't move on. She's not able to move on and she doesn't want the child to have a good relationship with Dad. (Co-ordinator, Centre E)

4.4 Risk assessment

The forms of violence and abuse that occur between partners and ex-partners are extremely varied. The dangers, and effects on both adult and child victims of violence also differ greatly. While it is the unpredictable element in domestic violence which makes it so dangerous, there are some common patterns. The strongest predictor of future violence is past violence. The greater the frequency of previous assaults, the more likely it is that there will be further assaults. Separation is a particularly dangerous time for renewed violence (Kelly, 1999). The risk to children of direct abuse also increases with each attack, and is related to the severity of the attack on the child's mother (Ross, 1996). Other factors however, such as unemployment, obsessive jealousy, access to firearms, the woman's lack of social and economic resources, can increase vulnerability to future violence (Campbell, 1995).

Within the UK, the use of offender risk assessment to inform decision-making in relation to child contact is under-developed. One exception is The Safe Contact Project, an initiative that has been established between Middlesex Family Court Welfare Service, The

Domestic Violence Intervention Programme, and Coram Family Centre to provide a positive and informed response in this contentious area. The pilot project aims to assist the judiciary in balancing children's right to see both parents with the risk a violent parent presents to both the children and resident parent. It seeks to do this firstly by providing specialist risk assessment alongside options for a perpetrator treatment programme, assessed contact and on-going reviews. Secondly by promoting safe contact through decreasing the number of inappropriate orders granted while at the same time increasing the number of perpetrators who can be safely worked with towards establishing contact. Lastly by building the possibility that perpetrators can change and accept responsibility for the abuse into risk assessment. This is a comprehensive project which aims to provide a way forward in a complex area.

In interviews several of the co-ordinators were knowledgeable and positive about appropriate risk assessment, but critical of much of what currently passed for risk assessment.

The courts are sending people off to risk assessment with a psychiatrist. In other words what we are doing is making domestic violence a mental health problem. When no mental health problem is found, they are then making a statement to the effect that the person has no problems.....other times, the person has mental health problems but when they are released into the community, the psychiatrist says they are perfectly capable of seeing their children. Adult psychiatrists don't seem to understand the difference. (Co-ordinator, Centre B)

Other co-ordinators highlighted the need in this area.

You can't say every case where there's domestic violence, no contact. That's ridiculous. You've got to have a means of assessing the risk that is a result of domestic violence, whether it's emotional, physical or whatever. There should be some system in place to do that before referrals come to us. (Co-ordinator, Centre C)

Other centres were also involved in using risk assessment and progress on offender treatment programmes to promote safe child contact. For example in discussing the case of a father on probation for both domestic violence and drug abuse, the co-ordinator of a supervised contact centre emphasised the following point:

Until they have got to a certain point in their treatment programmes – in other words positive reports that this intervention has made a difference. At this stage I would consider it, I would not consider it before. What I am looking for are reports to show me that this is what this person was like at the beginning of all this, and this is where we are now. (Co-ordinator, Centre B).

This integrated process, in which the potential for change is a key element in an offender programme which is linked to high vigilance child contact arrangements, is rare. For the most part, neither supervised (high vigilance contact) nor offender programmes which focus on the father's parenting are available outside London, and in London the programmes are small and in their pilot stages.

The majority of respondents were Court Welfare Officers, who, in each of the geographical areas surveyed, referred to supervised centres funded through the Court Welfare service. These officers not only made referrals but were also responsible for the submission of welfare reports to the court. In this situation a welfare report is effectively an assessment prior to referral, most usually after an order for contact had been made. Subsequent welfare reports could in many cases be said to constitute ongoing/further assessment.

4.5 Reporting back to courts or referrers

In comparing the perspectives of co-ordinators and referrers, one of the strongest areas of disagreement between them concerned whether reporting back to court should be an integral part of either supported/facilitated contact or supervised/high vigilance contact.

In relation to both supported and supervised contact, the latest guidelines from NACCC advise that there should generally be 'no reports to referrers and generally no court reports'. However, in response to the questionnaire, 63% (N = 54) of co-ordinators considered that reporting back to professionals was a characteristic of supervised contact. When co-ordinators were asked whether they provided information for the court process, 62% of centres said they did not and 22 % (including a substantial number of supported centres) said they did.

Many centres felt very strongly that reporting back would undermine their neutrality and they were keen to maintain a distance from the court process, even though on occasion this may present dilemmas:

The other danger is if the contact centres aren't in a position to report back to the court. If you have a contact centre with unqualified staff and no reporting back, there may be difficulties there. A child may be exhibiting behaviour that a qualified social worker would recognise, and there's no way of dealing with it. They can't because contact centres don't report back. That makes parents feel even more vulnerable. (Co-ordinator, Centre A)

An alternative view was provided by one of the workers from Centre E. Her account points to the different role which centres may play in relation to child contact.

When we used to go to NACCC conferences, C. and I used to get very embarrassed and quite hurt sometimes...All the other volunteers and co-ordinators were saying, 'Oh no, I think it's really bad to be reporting back, we'd never dream of doing that....We are in a minority with this reporting back business, but ours is an assessment centre and there is a need for both sorts of centres. (Centre E)

Co-ordinators from supervised centres expressed strong views about the positive role of assessment and were clear that this could run alongside supervision, one to one contact sessions and was part of informing the assessment process:

Parents will be coming, children will be having sessions, and we will be using some of the sessions to improve the contact and we write a report at the end (Centre B).

Given the current difficulties in funding supervised contact, it is hard to imagine that high level funding will be made available without a feedback mechanism to the court and other professionals.

4.6 The range of services

The ambiguity between supported and supervised contact and reporting back to the court may be justified in view of the fact that a wide range of services to either support a child's contact with their non-resident parent, or assess whether this contact is appropriate may

sometimes be necessary. Some centres included in the research already offer a range of services to this end. Centre B currently offers the following services:

- A re-introduction process and assessment;
- Assessment for the courts which runs parallel to supervised one to one contact;
- Observed contact which involves one to one supervision primarily for families where there have been parenting problems;
- Supported (facilitated) contact;
- Handover facilities, where non-resident parents can pick up and return their children from the centre.

Families may move through different parts of this process, sometimes over several years and such provision presumes greater knowledge and collaboration from the referral network. While the networks of solicitors, court welfare officers, judges and child psychiatrists who use these centres may becoming more aware, it remains nevertheless, a source of difficulty for some centres:

... the judge has ordered the children to be brought to the centre so that we can see them. I have the CWO's report on one side which says that they have discussed it with me and we agreed to an assessment and I've got the solicitors on the other side who are saying that they are going for supervised contact.... we are very clear now that we have to start it off the right way with a clear order. (Co-ordinator, Centre B)

This statement highlights the fact that assessment at a contact centre, supervised contact, and 'being seen at the centre' require different interventions from the centre and its staff and volunteers. In particular, there is a difference in the agreement made with parents about reporting back to the court and associated professionals, as well as differences in the level of supervision.

The concept of 'identity contact' was raised at another centre. This describes a form of contact which is currently being used in public law cases of closed adoption but which, it is suggested, should be considered in more private law cases.

If you take the issue of severe domestic violence where there is no acknowledgement of responsibility for that violence, well it's going to be carrying on here forever... Maybe it's better to do long term identity contact rather than offer a high level of contact now, and then have to carry that through for a large number of years. (Worker, Centre A)

Such contact relies on infrequent, one to one supervised contact, so that the child knows who their parent is, without the need for that parent to establish a parenting role in relation to the child. Again, such an arrangement highlights the heterogeneous nature of supervised contact and draws attention to the need to recognise that supervised contact should not be open ended. It was emphasised that supervision at this level required a goal and purpose either in terms of a defined assessment period, some potential to move to less vigilant contact, or identity contact. Otherwise, no contact or indirect contact was a necessary consideration.

4.7 The role of training

A further issue raised in interviews by contact centre co-ordinators concerned levels of training and qualification.

In relation to supervised contact, co-ordinators felt there should be higher levels of training and qualification than that expected in supported centres. It was believed that the skill required in close supervision as well as in assessment and report writing demanded a higher level of training.

I think for the supervised contact it has to be people who are skilled, confident enough to be able to intervene, and to understand why they're intervening and what effect that intervention will have. So I think it needs to be a qualified social worker at least managing the case, if not supervising it. I think they also need basic child development training. (Co-ordinator, Centre A)

The study revealed a range of perspectives on training in relation to supported or unsupervised contact.

Within NACCC are centres where some people want to have nothing to do with quality standards and be very autonomous and volunteer, and other people who are keen to go down the professional route...(Co-ordinator, Centre A)

However, the NACCC guidelines themselves suggest there is now an expectation that volunteers are appropriately trained and there are training programmes provided through NACCC for volunteers and co-ordinators.

There was general agreement that unsupervised contact (supported contact) required less training.

I think basic training NVQ training should at least be there for co-ordinators.... I think probably for contact centres there does need to be child development training and child protection training and training at least in dealing with confident management....not necessarily direct training about domestic violence, at least in managing the situation safely so that people aren't going to feel exposed. (Co-ordinator, Centre A)

One co-ordinator suggested a tiered system in relation to training which would involve firstly, professional training available to contact centre workers and secondly, professional over-sight of the centre. This worker believed that professional oversight would result in a more objective assessment of the impact of contact on the child and would make contact safer. Nevertheless she thought this initiative would be resisted.

The research showed that the training of volunteers was very uneven and that there was a strong reliance on shadowing more experienced workers and volunteers rather than attending short courses in preparation for the role of working in a centre. While many of the co-ordinators and volunteers mentioned the issue of domestic violence and child abuse but when asked what training they had received, very few appeared to have had specific training in this area. The understandings and the attitudes of some co-ordinators and volunteers towards women and children who had suffered domestic abuse also suggested that training in was inadequate.

The need for training to raise awareness of the strategies employed by some violent/abusive parents was highlighted by other workers in the field of child contact:

...it is well documented that men who are, or who have abused their ex-partner will come over as very charming, very plausible and the partner is likely to come over as very awkward in various ways. So it is easy for the centre, however impartial to be fooled by this.so that's why it is

important to have training and raised awareness about domestic violence. (Interview, Eunice Halliday, Director of NACCC).

A while ago we had a man come here...there were allegations of abuse. However, he was a lovely man, a very nice dad....he'd been in hospital.... He had these three children...they weren't really little ones. They had a lovely time here at contact. The children seemed to like coming and it all went really, really well. We thought it a gentle success story. He persuaded somebody, the court or court welfare officer to let him have staying contact. I think the very first staying contact, the little girl went home and said, 'Daddy got into bed with me and told me not tell anyone.' That was a very important lesson for us because we did have doubts about it...there had not been proof, but he was alleged to have abused somewhere else. (Co-ordinator, Centre C)

The above experience raised both the issues of inappropriate referral and court orders as well as issues for training for co-ordinators and volunteers in relation to child abuse.

4.8 Summary and key points

Complex and difficult cases are currently being referred to child contact centres. In the accounts of both co-ordinators and referrers it appears that centres are dealing with significant numbers of situations where domestic violence continues and where safety is difficult to ensure or cannot be assured:

- The views of co-ordinators and referrers taken from questionnaires and interviews indicated that there was both disagreement and confusion about the terms supervised and supported contact. This resulted in inappropriate referrals to centres, and sometimes the 'discovery' of violence once children and parents have started using a centre.
- The degree of screening for domestic violence, by referrers and centres varies
- There is no consensus about feedback to the courts and other professionals.
- There is confusion concerning expectations about staffing in relation to different levels of vigilance and not all centres are working to the recent guidelines issued by NACC.
- Response to the questionnaire suggests that supervisors facilitating support to a child where appropriate is a widely agreed principle while the issue of reporting back to the court requires much further clarification.

- The range of services which may be provided under the heading of supervised contact should be recognised. These include assessment services, identity contact and observed, one to one contact.
- Training is required, particularly in the areas of domestic violence and child abuse, to assist co-ordinators in sifting out inappropriate referrals and in highlighting strategies for safer practice in child contact.

SECTION 5: BEFORE THE CENTRE: EXPERIENCES OF PARENTS

5.0 Introduction

Research about separation and divorce emphasises that this is a process not an event. The same is true of child contact. Those mothers, fathers and children using supported and supervised contact centres had individual histories that conditioned their arrival at the centre. They had experienced a range of contact arrangements, with different levels of satisfaction for resident parents / mothers and non-resident parents / fathers, which shaped their perspectives on the centre itself. These included views about their previous arrangements, their understandings of the reasons for referral to a centre, attitudes to child contact, the practical arrangements for getting to the centre, and their introduction and orientation to the centre.

Six different centres were involved in the study and while children, mothers and fathers had some very similar experiences across centres, there was also a great deal of diversity. The qualitative data has been used to highlight both differences and similarities. Throughout the following sections, where comments are cited from interviews with parents, care has been taken to ensure the inclusion of experiences of all participants. Any use of information that could identify individual participants has been avoided.

5.1 Contact arrangements prior to coming to the centre

The ways in which mothers, fathers and children perceived the centre was affected by their previous experiences of child contact arrangements. Contact at a centre tended to be judged against these previous arrangements (whether it was better or worse) rather than in its own right.

5.1.1 Non-resident parents/fathers

Fifty-four percent of responding non-resident parents/fathers (N = 40) had no contact with their child prior to coming to the centre and so their attitudes to attending a centre were filtered through the lens of this previous experience:

This is better than not at all (Father, supported contact)

As long as I can see him I don't mind (Non-resident mother, supported contact)

If it was not for this centre I still would not have had contact (Non-resident mother, supervised contact)

A third of respondents had prior arrangements which broke down for various reasons (most of which were not explained in detail). Many of these arrangements had involved supervision by other family members or pick up and contact at an ex-partner's home. Two respondents said they had always had supervised/supported contact and one father initially had three meetings at the court welfare office and then moved to centre-based contact. Six non-resident parents / fathers did not answer this question.

Several fathers in this group said that they wanted to revert to a prior arrangement and felt that they had been coerced into a more formal arrangement at a contact centre. Where these changes in contact arrangements were a direct result of their behaviour towards either their former partner or their children they tended to see them as due to the hostility of former partners.

I used to see my son freely wherever mutually convenient (Father, supported contact)

She wouldn't agree with this. But when I started a new relationship was when the arrangement for picking up my daughter at her house broke down. It was jealousy (Father, supported contact)

It is so unfair on the father who seems to be punished. The children are used as a tool by the mother. Sad really (Father, supported contact)

5.1.2 Resident parents/mothers

Half the 71 resident parents/mothers who responded to the questionnaire said that there had been no contact arrangement prior to coming to the centre. For some of these women the contact centre provided an opportunity for a father to see the child in circumstances which they felt provided support and containment:

I requested the centre as I don't want to deny access. I want him to know his son. But I want contact supervised. I want to receive reports on how contact is getting along and a neutral ground

where we can meet. (Mother, assessment at supervised centre where there were previous convictions for violence and abduction fears)

On the other hand, the existence of contact centres also allowed fathers to negotiate an arrangement where they could see their children where previously mothers had denied any contact. In circumstances where women reported previous domestic violence they often remained fearful. They described feeling compromised into attending arrangements at a child contact centre on the grounds that it was 'safe enough' for both women and children and better than handover in the home:

I worried about not being safe and the children were scared of him as well. He went to his solicitor. I felt pressured, so I said, 'Go on' and came to the centre, (Mother, supported contact where child has experienced a threat of abduction by mobile phone and mother says the child is pressured to say where they are living)

We are all afraid of him. I am afraid and the children even are now still afraid. They can't believe they are safe. (Mother, supported contact where she reports previous violence and abuse and abduction threats towards the children)

For the safety reason it is good to be here. But if I had the choice of no contact I would have said 'no contact at all' because the children have been so disrupted. (Mother, initially supervised and then moved to supported. Social services have been involved over concerns of child sexual abuse)

A further 33% of mothers reported that they had experienced post-separation violence, conflict and abuse associated with their previous child contact arrangements. This mostly occurred at the point of handover, a finding that is reflected in other research (Hester and Radford, 1996). McMahon and Pence (1995) point out that at Duluth, in one year, almost one third of the breaches of civil protection orders or probation agreements occurred in the context of handover arrangements for child contact. For this group of women going to the centre, was therefore often experienced as comparatively safe and a relief from the previous distress and anxiety associated with unsupervised contact:

I've found the contact centre much better for me because I don't have to have any contact with him at all (Mother, supported contact)

We tried to meet outside. However, there were lots of arguments, abuse, violence which led me to think about the contact centre and the CWO agreed it was in the child's best interests (Mother, supported contact)

I tried handover with different people. The family of the father were abusive and friends could not always make it. I had no evidence that I had handed the child over, or that I had been waiting if his friends failed to pick the child up (Mother, supported contact)

Mothers' attitudes towards the fathers' involvement in their children's lives were often influential in shaping contact arrangements. Approximately one third of the women wanted their children to have some contact with their father and many women in both their actions and in interviews, expressed a commitment to the value of children remaining in contact with their fathers.

It was one reason why I felt the contact centre was good because I was removed from the picture, he wasn't meeting or seeing me. It was for him to form a relationship with the children. (Mother supported contact: father later lost interest in the children)

It's sad, it's sad for the children. I'm quite glad, but for the children it's very sad that they can't see their father. (Mother, supported contact).

It was a handover at a railway station. I experienced physical and verbal abuse – verbal and emotional abuse especially. I am living in more peace now. I think we need more of these centres to encourage more parents to have a relationship with their child where there has been violence and abuse. It is a distance for me to come. It is worth it because my child and I are happier. (Mother, supported contact)

I would prefer not to be anywhere near my former partner but I know the children have a right/need to see their father regardless of my feelings which is why we use the safe environment provided by the centre. (Mother, supervised contact)

These comments echo Hester and Radford's (1996) study, where it was found that most of the mothers in their sample group went to great lengths, often putting themselves at risk, to ensure that their child had contact with their father:

While many women expressed support for the view that fathers (whatever their past abusive behaviour) should see their children, an equal number of mothers felt that the father was a destructive influence and given a choice, would have no contact:

There is nothing to be gained. She is too young, [2 years old]. (Mother, supported contact. Grandmother brings child to the centre as the mother is too scared to come)

He never cared for the children when he was home. It is just a way of continuing to control us. (Mother, supported contact)

The worst is that recently while out shopping with me, she (5 year old daughter) has asked for things in shops and when I say 'No, it's too many pennies'. She replied, 'Can't we steal it'? This has made me so angry. These thoughts would not be in her head if she didn't have contact with X (child's father). He is a bad influence. I often ask myself whether he really cares about her. In all her five years she has never received even a birthday card, Christmas card or even an Easter egg from him. (Mother, supported contact)

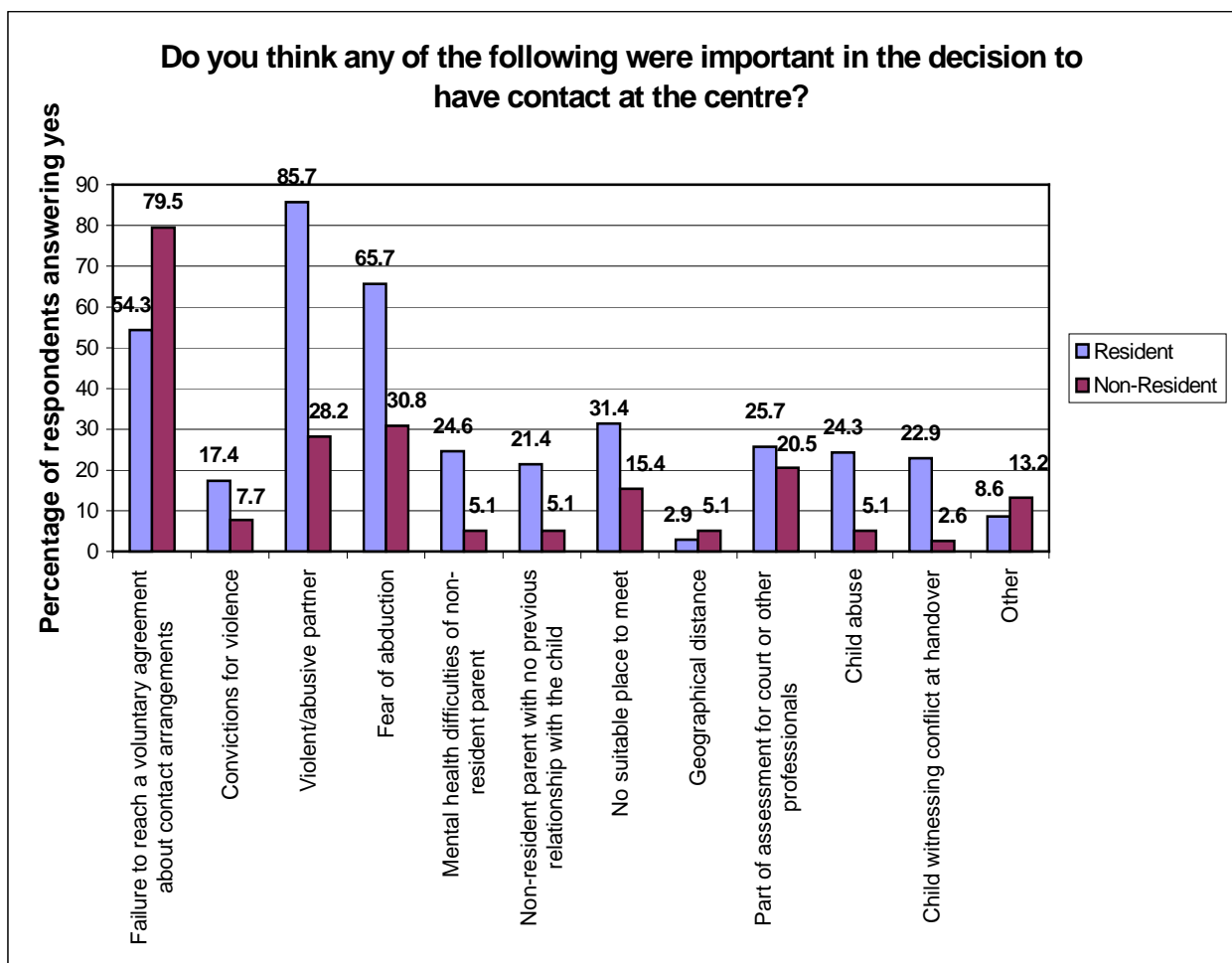
In summary, parents approached contact centres with a range of views often closely related to their previous contact arrangements. A significant number of mothers felt compromised/coerced and fearful. Others felt that child contact at a centre would offer a higher degree of safety. Some fathers felt contact centres provided them with an opportunity they would not previously have had, although some were resentful of what they considered to be constraints on them.

5.2 Reasons for using a child contact centre: the significance of domestic violence and child protection issues

A clear disparity emerged between resident parents/mothers and non-resident parents/fathers on the reasons cited for using the contact centre, particularly in relation to the issue of domestic violence and child abduction. When asked what they thought were the reasons for attending a contact centre, 85% of resident parents/mothers cited domestic

violence and 64% cited fear of child abduction. A significantly lower proportion of non-resident parents cited violence and fear of abduction for using a contact centre (30% and 27% respectively). Moreover many of the non-resident parents/fathers who thought violence and abduction were central to their attendance at a contact centre emphasised that this was the result of false allegations by their ex-partners. Figure 1 below summarises the reasons for using a centre of resident and non-resident parents respectively.

Figure 1: Reasons for using a child contact centre



Note: In Figures 1 - 6, where comparisons are made between the views of resident and non-resident parents, it should be borne in mind that there are unequal numbers in each of these groups (71 resident parents/mothers and 40 non-resident parents/fathers).

5.2.1 Resident parent's / mothers' perspectives on domestic violence.

The resident parents in the study are almost all mothers - 70 mothers and one father. Of the resident parents, 85% cited domestic violence as a reason for using the centre. This is a higher level than that found through screening interviews with parents at two of the participating centres. Screening interviews at centre B revealed domestic violence in 67% of cases and in 57% of cases at centre C. It may be that questionnaires by independent researchers lead to higher disclosure particularly when direct questions about domestic violence are asked and when women have been in touch with the centre for longer. Research suggests that women often raise the issue of domestic violence in tentative ways to ascertain whether fuller disclosure is possible and will be sympathetically received (Greatbatch and Dingwall, 1999). Other studies have shown that screening is no guarantee of full disclosure, even though it has a role in significantly revealing the extent of domestic violence (Kaganas and Piper, 1999).

Some mothers spoke in detail in interviews about the violence that they had been subjected to, and their continuing fears and anxieties about both their own safety and that of their children:

I fled the home in 2000 when he tried to kill me. (Mother, supported contact)

We had a relationship for 10 months, the last 5 months of which I was pregnant and the relationship broke down because of violence. It was very abusive...broken nose, black eyes...broken vertebrae, broken ankle, head injuries...so it was very severe violence...He has a drug problem. I feel very frightened of this man. (Mother, supported contact)

He has put me in hospital. I am fearful of him. (Mother, supported contact).

Mothers were also clearly worried about direct child abuse:

He can lose his temper. He has broken display units. He even threatened to throw the children out of the window. I have tried three times and left three times. The day I go back, he starts....He begs me to return, but no more.....He has hit the children and I am not able to stop him, he has such a bad temper. (Mother, supported contact)

He hit the youngest child with a hanger when the World Cup was on. He also kicked the child when she used the buzzer on the house next door....Social Services have been involved because of child sexual abuse....I have also been under pressure from his family. They wanted me to 'wash out [abort] my second child and for me to give my first child to my sister-in-law. I didn't want this. (Mother, supervised and then supported contact)

Separation did not necessarily bring relief from violence and abuse. In interviews women repeatedly referred to stalking and harassment were repeatedly mentioned as ways in which their former partners continued previous domestic violence. This sometimes spanned many years and severely constrained women's lives. One woman reported that post-separation violence had continued for more than 8 years after separation. In such circumstances non-resident parents'/fathers' pursuit of child contact was sometimes interpreted as further attempts to exert control:

I thought it would be better if we came here, but it is starting up again (looking in the windows of their house and waiting outside school). Now he is using sessions to ask the kids things and send messages to me. I haven't had a relationship in eight years. Well, what would be the point? (Mother, supervised contact who had the day previous to contact sought legal advice about use of the Protection from Harassment Act)

My health visitor said he had problems. She warned me he would be taking me through the courts for years. It's true. (Mother, supported contact)

The immediate post-separation period appears to be a particularly frightening time for some women and studies show that the point of separation is when women are most likely to be killed by their partners (Wilson and Daly, 1992; Humphreys and Thiara, 2002).

It wasn't a violent relationship, just a 'no -go' relationship....When he realised I wasn't coming back it turned nasty...He tried to kill me. It wasn't a violent outburst, this is what he wanted to do basically. If I can't have you, no one else can so I'm going to kill you and kill myself after. I think he lost his bottle half way through, but it was a frightening experience, and for some time after I had his friends saying that he was completely unstable and that I should get out of the house basically, because he was still in this, 'I'm going to kill you mode'. (Mother, supported contact)

A significant number of the women who participated in the research (in supported as well as supervised child contact centres) reported incidents of domestic violence, many of which were severe and experienced by them as life threatening.

5.2.2 Non-resident parents' / fathers' perspectives on domestic violence

The 40 non-resident parents were primarily fathers (three of the five non-resident mothers' situations involved contact with grandparents and not ex-partners). As previously noted, the men in the sample generally contested the significance of violence and abuse and abduction as reasons for using a centre. Although participants were not asked directly whether allegations of abuse or violence were true, 58% of the non-resident fathers emphasised that they were the subject of false allegations either of violence or child abduction.

My ex-wife made allegations that I was abusive to her. No witnesses, not substantiated, it didn't happen. She alleges that I was threatening to her. I made a mistake. She was sleeping with a close relative. I accused her and have now been punished by not being able to see my child.
(Father, supported contact)

Alleged violence, but a lie. (Father, supported contact)

No basis. (Father, supported contact)

My ex-partner wanted to prevent me from seeing my son and made allegations against me that I hit my boys. This has been proven wrong by all concerned. (Father, supervised and then supported contact)

Only one non-resident parent/father stated that the child witnessing conflict at handover was a reason for contact at the centre. However later in the questionnaire, when asked about the truth of the statement 'My child witnesses less conflict between his/her parents', 71 % of non-resident parents said that this was very true, true, or partly true.

All the non-resident parents/fathers who had contact arrangements subject to court order (N = 22) stated that one of the reasons was 'failure to agree'. A proportion of non-resident

parents made further comments about false allegations (as mentioned above) or enlarged upon their specific circumstances.

Four men admitted that they had been violent though with some qualification about its seriousness:

Because of my behaviour. In the court's eyes they see I wasn't fit to see my child other than supervised. It was my behaviour towards my ex-partner. A row turned into a fight and I lashed out (Father, supported contact)

Another man also admitted to some violence in the relationship but saw it as mutual and provoked:

I thought I would either kill myself or kill her. She was trying to get me to hit her. She attacked me and pulled my clothes. I beat her back and I beat her badly as well. It was better to divorce and separate. (Father, supported contact)

One time I smacked her and I had to do time. But I have not been hitting her at all since 1990 (Father, supported contact)

There were two situations in which male partners were known to be survivors of domestic violence. In the first situation the survivors' ex-wife confirmed that this was the case and in the second, the man said that he had been hospitalised three times due to his wife's violence and that she has mental health problems as a result of a bi-polar illness.

In summary, while most of the non-resident parents/fathers in the sample believed that they were the subject of false allegations of violence, abuse and child abductions, these denials can be understood in a range of different ways. Organisations which campaign for fathers' rights suggest that there are high numbers of false allegations made in this area in order to prevent contact ¹⁵ (www.fnf.org.uk/domviol) although there is little research evidence to support this claim. In contrast, long-standing work with domestic violence perpetrators points to the use of minimisation and denial as a consistent feature of the

¹⁵ An analysis of the research on child sexual abuse allegations in the context of divorce shows the area to be replete with myths and stereotypes but shows no heightened tendency towards false allegations in the divorce arena (Humphreys, 1997).

abusive tactics used by perpetrators of domestic violence. (Heckert and Gondolf, 2000 a & b; Mullender and Burton, 2000)

5.2.3 Abduction

In 1999/2000 there were 577 offences of child abduction reported to the police in England and Wales (Kilsby 2001). Crime statistics also show a dramatic increase in the number of formerly reported child abduction over recent years, from 140 in 1989 and 355 in 1995 (Kilsby 2001). However, the actual figure is likely to be much higher when those incidents of abduction where the child is restored quickly and the incident not reported to the police are included. Studies have highlighted the destructive and harmful effects on children of even minor incidents of abduction (Agopian, 1984; Plass *et al*, 1996). The distressing effects on parents facing the loss of a child through abduction has also been studied (Greif and Hegar, 1991). Research undertaken in the US (Plass *et al*, 1997) to ascertain risk factors associated with child abduction highlighted domestic violence as the most significant factor.

The threat of child abduction was a significant feature in this research and 65% of resident parents/mothers (N = 46) cited this as an important reason for contact occurring at the centre. 30% of non-resident parents/fathers (N = 12) also acknowledged that abduction was a factor in using a contact centre although many emphasised that this was due to mothers' unfounded fears. Fathers often expressed both anger and distress about allegations of child abduction:

She worries about child abduction but there is no basis for this. (Father, supported contact)

She fears abduction. Courts have my passport. This system is inadequate. They play along with your emotions. It contradicts their own theory of supporting fathers. (Father, supported contact)

My ex-wife lied and suggested I might abduct the child....It is unfounded. (Father, supported contact)

While the Hague Convention provides some protection in situations where children are abducted to another country, many of the women in this sample were worried about men

who had families in countries in the Middle East and South Asia which are not signatories to the Convention:

He took him on Mother's Day, Mothering Sunday. The image I had of my little boy was the top of his head as I saw him go away. He was just beginning to walk. I was breast feeding him. Every time I got upset, my breast milk would come in. (Mother, supervised contact).

In interviews, mothers spoke of the continual fears and anxieties that surrounded child abduction:

Because of what I've been through I'm very aware of my daughter all the time in public places. I do fear her abduction because my ex-partner is originally from X [Country in the Middle East]; he's got connections to towns there and you know the law is such that if my child was abducted and taken there I would have no recourse to get her back.....(Mother supervised contact,)

Also find myself trying to detach from A. (daughter), you know you'd die for your child. But the problem is I've been told that I have to give him some unsupervised access. I find myself looking at her and thinking, 'God, the day that happens; is it the last day I'll see her? I keep thinking 'Am I going to get her back? Is he going to run off with her? This woman has taken precautions by writing to the passport office. However, she went on to say: He has always threatened abduction. I've said it in all my court cases. He comes from 'X' and all his family live there. He's always said: I'm gonna get her from you, take her where you don't know where she is'. (Mother, supported contact)

He is the only person here in England from his family. They are all in X (African Country). The X economy is growing stronger. He has always said he would return. He is the only child. If he wants something he always goes out to get it. I think he will go sooner rather than later.....My fear is about safety. Not for myself. I worry about her being taken out of the centre and not knowing where she is. (Mother, supported contact)

Threats of child abduction may have been an element of domestic abuse when parents were living together:

He threatened abduction when I was pregnant, as soon as I left the marriage when the baby was 3 months old, I just knew that abduction was hanging over my head. (Mother, supported contact)

Once these threats have been made, and particularly if the non-resident parent/father has relatives in and passports from another country, fears of child abduction were difficult to allay.

Co-ordinators were also worried about these men with multiple passports.:

There are fathers here who have handed a passport to the court or solicitors but they have another passport. Our concerns in this area are on the increase.
(Worker, supervised contact)

Other Co-ordinators were less anxious about the reality of abduction and saw the centre as providing a venue where the woman's concerns about the safety of their children could be contained though not necessarily 'moved on':

She fears abduction and is really against unsupervised contact.....he's from X (Middle Eastern Country). He's a refugee who got married in this country.....even though Mum's fears are irrational they've got to be taken into account. They're very real fears for her, so I don't know how we're going to move on with this contact. It's one of the most difficult cases, in fact it's the most intractable case we've ever had. (Co-ordinator, supervised contact)

Fears from mothers and anger from fathers about allegations of child abduction provide some of the most contentious issues that face both supervised and supported contact centres. The number of children who are abducted in any one year from the UK suggests that fears of are not unfounded.

5.3 Referral to the centre

Families who are using child contact centres are those experiencing the most intractable child contact problems. Only a small percentage of cases in England and Wales are court ordered. For the most part, parents and their children develop informal arrangements. In this sample, the majority of cases involved court ordered contact, with the next highest category being referral through a solicitor.

Table 11: Referral process

Source of referral	Non-resident parent / father		Resident parent / mother	
	N	%	N	%
Court	25	62	45	62
Solicitor	11	27	21	30
Self	1	3	2	3
Other parent	2	5	2	3
Social Worker	1	3	1	2
Total	40	100	71	100

The high proportion of court ordered or solicitor-organised contact at a centre suggests a high proportion of mothers and fathers with unresolved conflicts or disagreements about child contact arrangements. Attendance at a centre was interpreted in different ways and was sometimes experienced as “coercion”:

My partner doesn't like it because it is support for me .He doesn't like losing and it feels to him like I am the winner. (Mother, supported contact where there had been previous violence and attempted child abduction).

The child's mother is saying I'm irresponsible. I don't agree. I have other children I see unsupervised for the whole day. She made allegations of drug abuse and it has led to this contact centre. (Father, in supported contact, against whom harassment charges had been made).

Problems happened between me and my wife This is the only way she will agree for me to see the children. (Father, supported contact)

Mothers who felt that they were about to be pressured into child contact arrangements, or who wanted their children to have contact but only where there was support or supervision, took the initiative and instructed their solicitors to refer them to a child contact centre:

Because my ex-husband would turn up unexpectedly at my home constantly and he had been violent to me, I asked to be referred here. (Mother, supported contact who had been

divorced for 8 years and hoped the contact centre would help to contain the long term harassment she and the children experienced)

I asked for a contact centre so that my daughter could build a relationship with her absent father. (Mother, supported contact where there had been previous fears of abduction and reported domestic violence)

It was on my request. I felt that it would be better for the child if both parents never met whilst the child was there. (Mother, supported handover)

5.4 Evidence

The contradictory accounts given above by resident parents/mothers and non-resident parents/fathers highlights the controversial and contested issue of evidence in relation to domestic violence and child contact.

Many non-resident parents/fathers pointed to the lack of evidence for the allegations of domestic violence or child abduction made against them:

I was accused of violence for reasons unknown to me. There is no proof. (Father, supported contact).

Non-resident parents/fathers often expressed profound dissatisfaction with the decision to refer them to a child contact centre seeing it as a restriction of their freedom which was based on insufficient/no proof of violence, abduction or harassment. Others were the subject of non-molestation orders which require evidence based on the balance of probability.

However, for many women, the issue of domestic violence was central but difficult to authenticate:

Because the domestic violence all happened behind closed doors, the CPS dropped the charges against him because it boiled down to my word against his. Unfortunately, the time when I went to see my GP after the worst assault, I just turned up without an appointment because I was pregnant and the baby stopped moving and I thought the baby had died. I just turned up in a total state and

asked for the baby's heartbeat and the doctor said, 'Why?' I said I had been beaten up. That's all he did. He listened to the heartbeat, said it was fine and pushed me out of the surgery. So he never bothered to look at me to see any of the bruises or marks or anything. He never wrote anything down so there is no corroborating evidence. (Mother, supported centre)

There was a problem with lack of evidence. The (social services) had to close the case and that's why it came here (supervised and supported contact centre) for more assessment...my daughter didn't say anything to the social worker at school, but did talk to her class teacher...we went to Court, but they said there wasn't enough evidence. (Mother, supervised and supported contact)

Another woman found her situation changed in a much more positive direction once the court made a finding of domestic violence.

I couldn't get anywhere with the Council (ex-partner housed close by). They wouldn't help me at all, but now, because of my Court order and because I've actually got written down that he threatened me – now they are standing by and helping me. You have to have so much evidence for anyone to listen to you and to help you out...It was having the one piece of evidence through the doctor which made a difference. That is a marvel, it really helped the situation. (Mother, supported contact)

In spite of her delight that the court had made a finding of fact in relation to domestic violence, she also felt in the interim, the service she had received through the court welfare officer, housing and contact centre had been inadequate. In particular, she felt that the attitude of the court welfare officers had been dismissive and that the delay whilst she gathered collaborative evidence was detrimental to her well-being.

For other women, the problem was not the evidence, but having the evidence taken seriously by the court:

Last time in court, I showed letters which said categorically that he was going to leave the country; that when I was with him, she would be known by a different name. However, in court this didn't make a blind bit of difference. They told me that he wrote them when he was in a high state of anxiety when you write things you don't mean. (Mother, supported contact).

5.5 Getting to the centre

The accessibility of contact centres was an issue for many parents and their children that affected their perception of child contact arrangements.

Table 12: Distance travelled to contact centre

Distance	Resident parents/mothers		Non-resident parents/fathers	
	N	%	N	%
Less than 5 miles	37	52	13	32
5-10 miles	16	23	10	25
More than 10 miles	7	10	8	20
Across country	3	4	8	20
Missing	8	11	1	3
Total	71	100	40	100

Overall, resident parents/mothers and children did not travel as far to centres as non-resident parents/fathers, but attendance at centres was more complicated for resident parents/mothers since they usually took the children to the centre by public transport as a smaller proportion of resident parents had access to cars. Non-resident parents/fathers more often came to the centres by car, rather than public transport. The following comment illustrates some of the practical difficulties for resident parents:

Contact times are governed by centre opening hours which are not compatible with previous contact times or child's afternoon nap. Journeys home on public transport are very difficult and my child's behaviour is problematic after contact visits. (Mother, supported contact)

Some parents and children had to go to even greater lengths to make contact possible. One woman was afraid to go to the contact centre in case she might meet her former partner and so had arranged for the child's uncle to undertake a five hour round trip to get the children to and from the centre. Another man undertook a five hour trip to see his child at a supported contact centre in London, a story which was not uncommon amongst the 20% of fathers who travelled across country to see their children.

Another couple met at a contact centre midway between their respective homes. This involved an hour long journey for each parent. The mother made the following comment:

So I travel all that way in the car. I mean I've only recently passed my test. I've not been passed very long, come here, just to have 'nasties' said against me....he was swearing in front of the children in the centre last week because I was a bit late. I had a small accident in the car. I ripped the bumper off and was an hour late....when he heard, he laughed and said in front of the children that I was a 'twat' etc. (Mother, supervised centre).

For mothers and fathers with disabilities, getting to the centre may be painful and exhausting:

It is a long and painful walk to the centre. I am on painkillers and use a walking stick. It is very difficult to get here....I would like my daughter to be able to stay overnight in my home. (Non-resident mother, supported contact)

Problems of distance for mothers, fathers and children were exacerbated by anxieties about whether the other parent would attend:

Although I am happy for the children to see their father I worry that he won't turn up for every visit. He did phone at the last minute to cancel one visit and simply didn't turn up for the next. (Mother, supported contact)

I'm cross that the father has not arrived, particularly as it's the child's birthday. (Mother, supported contact)

Why do I have to see my daughter here? Last time she was half an hour late. She is late today, it is a long way for me to come. (Father, supported contact, who had half an hour drive and on this day his child was not brought to the centre)

Difficulties arose for centre co-ordinators and volunteers in dealing with disappointed and frustrated fathers when children either did not arrive, or arrived late:

She said she wanted to arrive later (11.30), but the judge has said she has to make the effort twice a month. It helps the centre to run smoothly if these rules are kept to. The contact centre doesn't serve its purpose if the rules aren't enforced. (Father, supported contact kept waiting for 30 minutes)

A further issue is created by the lack of supervised centres. This meant that some mothers with children as well as fathers were travelling long distances across the country:

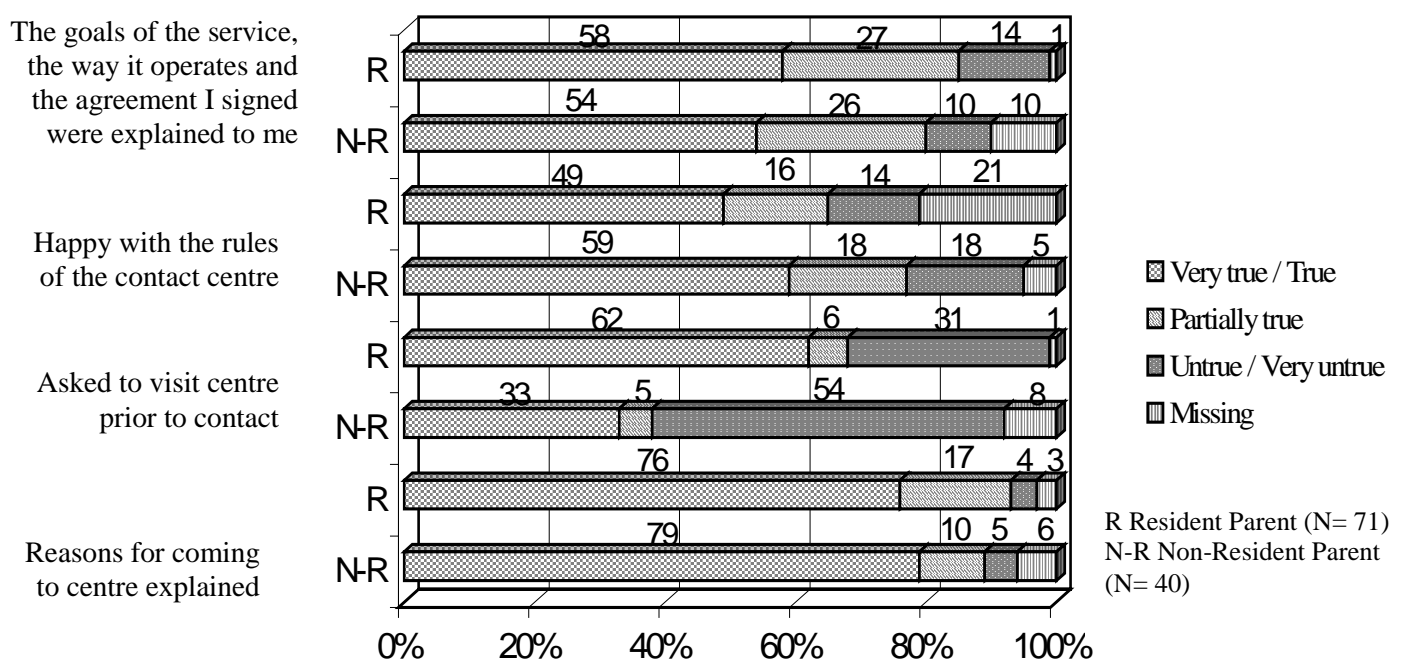
I bring my child to contact every 3 weeks. This entails leaving home at 9 am and returning back home exhausted at 9 pm with a shattered child. This is physically and emotionally draining for both of us plus it costs me so much in travelling expenses. (Mother, attending supervised contact in London from across the country)

In many child contact arrangements, geographical distance creates logistical difficulties and barriers to contact (Bradshaw *et al.*, 1999). However, in situations where there has been a history of domestic violence, the potential for these logistical problems to intensify conflict is increased, along with the vulnerability of women and children.

5.6 Orientation to the centre

The orientation to the centre may be important in getting contact off to a ‘good’ start. Mothers and fathers were asked to rate whether statements were true or untrue along a five point scale.

Figure 2: Orientation to the centre: the views of parents



A high percentage of both mothers and fathers felt that the reasons for coming to the centre had been made clear to them. There was less clarity about the operation of the service and the agreements with the centre. Many parents agreed that pamphlets and written information from the centre were important but they were unhappy that they were not given a signed written agreement about the use of the centre and were not asked to visit the centre prior to contact starting. Resident mothers were less happy with the rules of centres than non-resident fathers, though the level of satisfaction for both groups was not particularly high.

I had to persist for 2 weeks to get permission to visit even one contact centre before contact began. No agreement was signed (we have a court order) and explanations were brief. I had to ask a lot of question to get the basic information. The court welfare officer didn't appear to think I needed to be reassured or told anything. (Mother, supported contact where there are concerns over domestic violence, child abduction threats and mental health difficulties with the father)

Pre-contact visits were not part of the practice of many of the centres studied. Where pre-contact visits were undertaken, twice as many resident parents/mothers remembered being asked to visit a centre as non-resident parents/fathers. A range of explanations were offered for the absence or restriction of pre-contact visits. These included the costs involved in providing pre-contact visits particularly where co-ordinators are unpaid; restricting visits to mothers and children based on a view among co-ordinators that children's natural anxieties about contact in a new place will be reduced by such visits; pre-contact visits may be a drain on the resources and time of mothers who may have to take children significant distances to reach the centre. One centre co-ordinator explained that she routinely offers both parents a pre-contact visit to the centre, but almost no fathers take up this offer.

5.7 Summary and key points

Few parents and children arrive at a contact centre without having previously experienced contact arrangements about which either or both parents was been unhappy:

- Parents' contact arrangements prior to using a contact centre influenced their views about attending a centre.

- Many resident parents/mothers had experienced post-separation violence and were fearful of contact, which they felt could be used to perpetuate harassment or control.
- Resident parents/mothers often feel coerced into contact at a centre.
- Non-resident parents/fathers often experience contact with their children at a centre as an unnecessary form of control.
- Many resident parents/mothers who had experienced domestic violence felt that it was important that contact occurred, even if it was difficult for them.
- When compared with previous contact arrangements, some resident parents/mothers gained a sense of security from the safety measures and vigilance provided at centres.
- Where there are fears of abduction or experiences of domestic violence and child abuse, centre-based contact cannot be expected to provide long-term change in situations.
- Geographical location can undermine child contact.
- There is a lack of high vigilance supervision centres outside London.
- Orientation to a centre is under-developed in much of the provision.

SECTION 6: USING THE CENTRE: EXPERIENCES OF PARENTS

6.0 Introduction

A range of factors may influence the levels of satisfaction experienced by parents and children at the centre including parents' arrangements prior to going to a contact centre and their sometimes disparate understandings of the reasons for using a centre. Parents may appreciate that a centre is well run, for example, and feel supported by staff at a centre but nevertheless be desperately unhappy about coming to the centre in the first place.

6.1 Parents' understandings of the distinctions between supported and supervised contact

Parents' responses to the questionnaire showed that there was a high level of confusion about the distinctions between the terms supervised and supported. When asked to identify the level of contact which had been arranged for their children, only 18% of non-resident parents/fathers and 20% of resident parents/ mothers thought that supported contact had been arranged. 68% of both non-resident parents/fathers and resident parents/mothers believed that supervised contact had been arranged. In reality, only 22% of the total sample of parents (N = 24) were involved in contact arrangements designated as supervised. *(This figure includes Centre E mentioned above which is usually referred to as supervised contact, but does not meet the criteria of one to one supervision and constant observation of contact).*

Table13: Non-resident and resident parents' perspectives on the kind of contact

Kind of contact	Non-resident parents/fathers		Resident parents/mothers	
	N	%	N	%
Supervised	27	68	45	68
Supported	7	18	20	23
Handover	2	4	2	3
Meeting Place	4	10	4	6
Total	40	100	71	100

This misunderstanding sometimes led to confusion and distress:

I was shocked when I first came here as I expected one to one supervision. (Mother, supported centre)

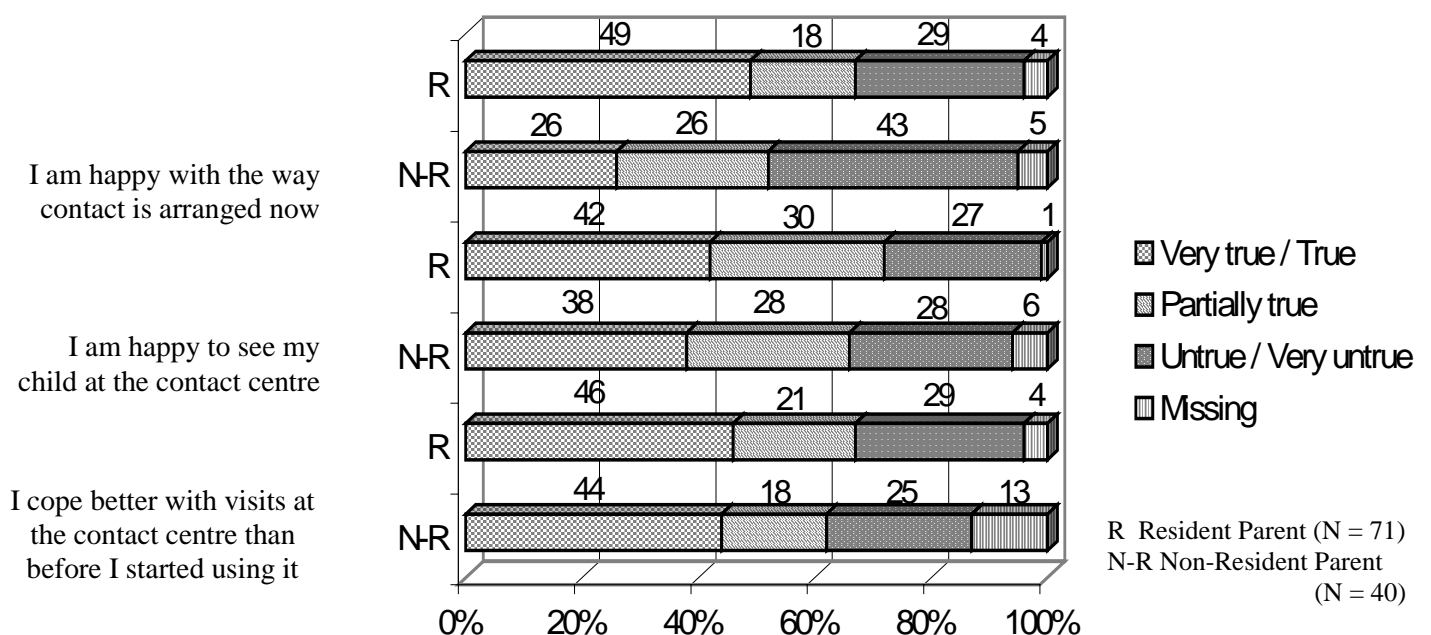
At times the consequences of this confusion can be extremely serious and can lead to delays and problems for co-ordinators who with courts and solicitors. One mother whose child had been abducted overseas for 11 months gave this account:

Unfortunately, the CWO wrote the wrong title of the level of contact that we wanted. She didn't put down supervised. When I first went in August to visit the place, I was just offered normal open contact. So there was just no degree of security...I was horrified and I said that this was wrong....it was resolved by the time contact happened...I have supervised contact....I'm totally impressed with the way it's run up there...During contact I'm kept informed of how it's going....I feel they take my security totally seriously. (Mother, supervised contact)

6.2 Attitudes to current contact arrangements

Parents' attitudes to current contact arrangements were explored by asking them to rate, on a five point scale, how true or untrue particular statements were.

Figure 3: Attitudes to current contact arrangements



Resident parents/mothers and non-resident parents/fathers responded in approximately equal proportion as to whether they now coped better or worse than before they were using the centre, and as to whether they accepted bringing or seeing their child at the child contact centre. Just under half of parents (both mothers and fathers) thought this was true or very true. Approximately a quarter of parents were clear that they were worse off and unhappy about bringing their child or seeing their child at the centre.

I would like to be amicable. Just a normal divorce. But because of the domestic violence and because he won't admit it I feel reticent about any contact. (Mother, supported contact)

When you have a violent and abusive relationship and the child witnesses this, no contact centre can prevent this from still happening as the ex-partner is still vindictive. You know this through what the child comments about after visits. (Mother, supported contact)

However, the biggest area of difference between parents lay in whether they were happy with the way contact was currently arranged. Almost half the mothers were happy with the current arrangement though importantly, 29% were very unhappy. On the other hand, only one quarter of fathers were happy with the current arrangement and 43% were very unhappy. Clearly the response to this question needs to be seen in the light of the previous chapter on experiences prior to using the centre, and particularly in relation to previous contact arrangements. For example, many of the women who were happy to bring their children to the centre expressed this in relation to their past experiences of abuse in the context of child contact arrangements.

It was a respite for me to have the contact centre – no abuse....Initially, I felt very worried that he would argue outside, but he hasn't done this. He has an injunction on him and I think that helped.....He now also has to engage and can't just blame me....It is his opportunity to build a relationship. (Mother, supported contact)

Contact centres are wonderful if both parents abide by the rules set in court. It's painful if one ignores those rules to the detriment of children. But it's supervised and still the safest option for both myself and my children. (Mother, supported contact centre)

It was the only safe way for both myself and my children. I am too afraid to handover the children myself. Arguments were unavoidable. (Mother, supported contact).

Non-resident parents/fathers also tended to weigh their situations in the light of past arrangements and enjoyed seeing their children where contact had previously been denied, or felt constrained where previously they had had more freedom.

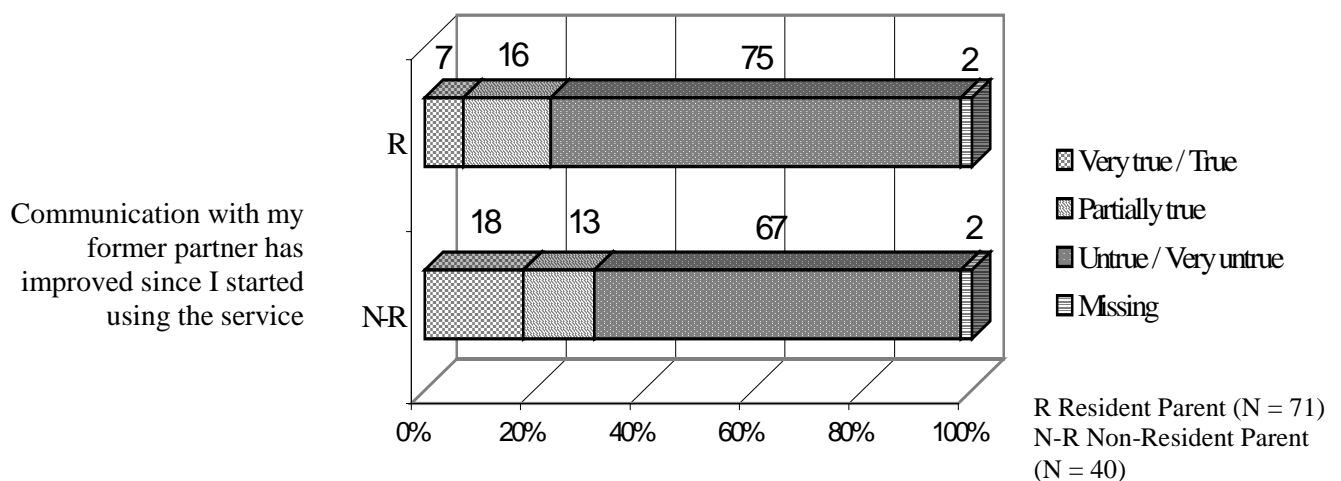
His mother would not let me see him without a centre. So at the moment I am happy with this arrangement. (Father, supported contact)

It is very difficult to be in an environment where I find it hard to relax and be myself. There are too many other people who use the centre which makes it difficult for any privacy to do normal things a father would usually do with his child. For example, watch TV, take child to park, read quietly.
(Father, supported contact)

6.3 Communication with former partner

Contact centres were not established to facilitate communication between mothers and fathers. Initially the aim in most centres was to provide facilities where former partners do not have to meet each other.

Figure 4: Communication with former partner



Parents' responses to the questionnaire suggest that for the most part communication was not improved by the use of the centre. However, discussions with parents' during

interviews revealed that sometimes their responses were conditioned by their view of the purpose of the child contact arrangement.

6.3.1 Non-Resident Parents / Fathers

The majority (67%) did not believe that communication with their former partner had improved, though 13% thought this was partially true. Given that the centre is not set up with this purpose in mind, then this finding is not surprising. However, the qualitative data suggests that a number of non-resident parents/fathers expected the contact centre to assist with reconciliation or communication with their ex-partners and were unhappy when this did not occur:

Centres could be more organised. Support workers could help parents to get along more. (Father, supported contact)

I haven't talked with her. One time I told her 'I loved her'. I was told not to do this. I am not to write love letters. (Father, supervised contact)

They should encourage families to be more together and not separated. [This father saw attempts by contact centre staff to prevent his contact with his ex-wife as unsupportive towards him and discouraging of his outside contact. He goes on to say that he managed to catch his wife as she was leaving the centre: *I now have the address and phone number through the uncle where she is staying.* (Father, supported contact)

One non-resident parent/father had a different experience:

The strength of the centre was that it got me and my partner talking again. (Father, supported contact)

6.3.2 Resident Parent/ Mothers

While a small percentage of women felt that communication with their ex-partner had improved, generally women were very resentful when they believed that child contact arrangements had been manipulated to track them down, to re-establish control over their lives or used as a strategy for reconciliation.

One mother explained in interview that her former partner had decided abruptly to stop seeing his three young children at the contact centre. The eldest boy (6 years old) was seeing a child psychologist and the mother was told that it was very important for him to see his father. However, when the mother rang to put pressure on the father to attend the contact centre (he had missed previous sessions, to the children's distress). He made the following statement to her:

I love the children, but I can't see them because I love you more, and if I can't have you I don't want to see the children. This mother went on to say: I think for a lot of women who've been in domestic violence situations, they often say that the ex-partners use the children to get to the mothers. It's quite common. (Mother, supported contact)

Other mothers experienced child contact as an arena for the continuation of domestic violence:

I just think it prolongs the violence at the end of the day. He's got control over me, and the way I feel at least 3 days out of every fortnight because I dread going. Then after I've been, I get what's been said about me for the next couple of days, so it's like a week out of my life. (Mother, supported contact)

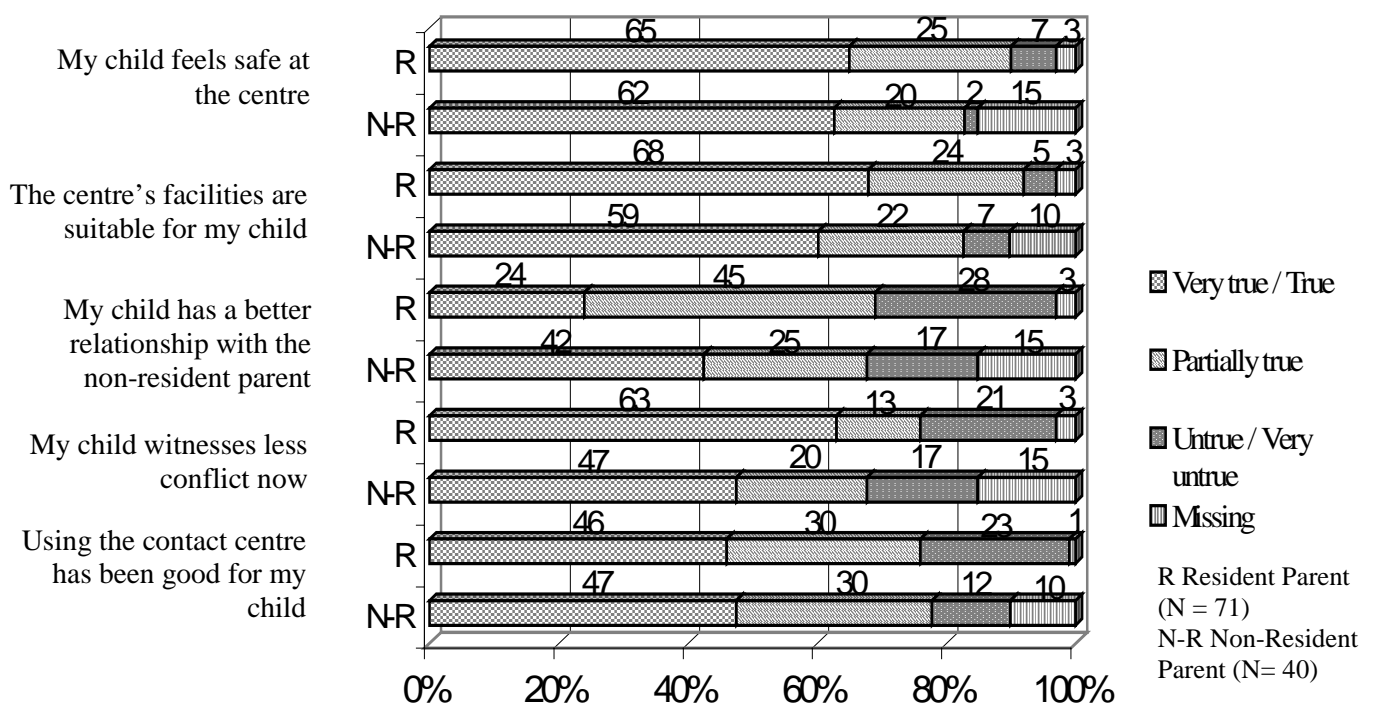
Now contact may not be continued because his focus during contact is not on the children but on me, as the mother. He believes contact is about reconciliation. (Mother, supported contact).

Several women believed that their children were being used by their former partners as conduits for information (this was observed by researchers). Children were either being asked questions about their mothers or being asked to deliver notes to their mothers. The experience of these women highlights the need to establish whether child contact arrangements are child focused or part of a bid to re-establish control over women affected by domestic violence. This is a concern which has been raised by both practitioners (McMahon and Pence, 1995) and other research studies (Humphreys and Thiara, 2002; Arendell, 1992) as one which requires assessment prior to contact starting. However, this alternative agenda may not be obvious until contact commences and so may need to remain under review if and when contact starts.

6.4 Perceptions of the children's reactions to contact arrangements

Parents were asked about their children's reaction to the centre. A number of the resident parents/mothers who completed the questionnaire emphasised that although they had responded to the questions they really did not know what happened in the child's contact with their father so were not in a strong position to comment on some of the questions. They often based their replies on their own perceptions of a child's reaction, either before or after contact.

Figure 5: Parents' perceptions of children's reactions



Again, both the differences and similarities in the perceptions of mothers and fathers about their child's reactions to contact at a centre are interesting. There were quite high levels of agreement about the use of the contact centre benefiting the child with almost half of both resident and non-resident parents agreeing that it had been good for the child and a further 30% feeling that it had been partially beneficial. However, almost a quarter of mothers felt it had not been good for the child, as against a much smaller percentage of fathers (12%).

After the first contact visit, she beat the dolly. She had never done this. It raised issues of what she had seen even though she is so young. (Mother, supported contact)

The likelihood is that he will do the same thing again in a year or two [Father stopped contact abruptly when the child was two years old]. It will be a second rejection and she will be older. It wasn't such a problem the first time. (Mother, supported contact).

Over 60% of both resident parent /mothers and non-resident parents / fathers thought that their child felt safe at the centre. Very few parents felt that children perceived the centre as unsafe (see Section 6.9). However, a number of mothers also pointed out that their children wanted them to remain close by in the waiting room:

Now my ex-partner is trying to get a visit outside, but my child doesn't want me far away. (Mother, supported contact)

They cling and panic when they first come to the centre with my dad and me, but they do settle down. (Mother, supported contact)

Mothers were also slightly more inclined than fathers to perceive the centre's facilities as suitable for the child, but this was not a significant difference. Observations showed that some of the contact centres were able to provide a more suitable environment for children in terms of space and activities to meet the needs of a range of age groups than others. Qualitative comments highlighted some of these differences, with fathers visiting one centre often mentioning its shortcomings:

It's not calm enough. The room isn't big enough, too crowded. I was expecting a bigger place. (Father, supported contact)

Others simply felt constrained by the contact centre environment. The most common dissatisfaction for fathers lay in this area:

It has ensured regular contact, but it has affected the relationship. It is more constrained/not spontaneous. You are both aware that you are being observed. A contact centre is not a home. (Father, supported contact)

Only partly good for my child. It is awkward for him coming to a place where he doesn't know anyone. It's confusing enough for children seeing their parents like this. (Non-resident mother, supported contact)

I don't like the fact that contact takes place in a room full of other parents and children. I don't like the arguments that go on around me with the other parents. (Father, supported contact)

Non-resident parents/fathers were more certain than mothers that they were establishing a better relationship with their child. Although fathers generally were more positive, less than half felt that this statement was true or very true. Just over a quarter of resident parents/mothers believed that the statement was untrue.

Whilst only one father thought that their child's witnessing of conflict at handover was a reason for using the centre, two thirds, in response to this question, said that it was true or partially true that the child witnessed less conflict now. This does raise the issue of the extent to which fathers in answering the first question about the reasons for using the centre, minimised the level of conflict children had witnessed.

In summary, many mothers and fathers agreed that using the centre, both in terms of facilities and of the child's relationship with the non-resident parent, had been beneficial to the child. However, it is also important not to minimise differences in the perceptions and experiences of mothers and fathers. Notably, there was a significant group of both mothers and fathers who thought that the experience of using the child contact centre had not been good for their children and had not improved their relationships with their fathers. More extensive study focused on children's experiences would be necessary to draw out whether these are projections of the parent's negativity, or a sensitive appraisal of the child's distress in these situations.

From the qualitative data and observation by researchers, two groups of children need to be drawn out for specific attention in relation to the use of contact centres: young babies and reluctant older children.

6.5 Babies

Contact centre staff and parents encountered profound difficulties in organising contact for non-resident parents/fathers to see babies and toddlers, as in practice this is reliant on the involvement of the resident parents/mothers. Babies, for example, often spend much of the contact period crying unless the mother is present. Mothers who have experienced domestic violence, are placed in an invidious position – should they go into the contact room to calm a crying baby and therefore have contact with former partners they want to avoid, or leave their baby to cry:

We had a case where the child who was 18 months old had not seen her father since she was four months. Now the parties had agreed to supported contact. I had said to the solicitors that this would not work. You cannot expect a woman who has run away to a refuge to walk into a contact centre and help her child make the contact successful. They insisted. They said it was agreed and they would get the judge to order it....it was not appropriate. They don't want to listen, particularly if it means a delay. (Co-ordinator, Centre B) The Co-ordinator went on to explain how by not having an appropriate order in the first place, the contact is further delayed.

The attention of Centre B to a planned re-introduction process in which the child's needs are centralised contrasts with practice in many of the other centres. In other centres mothers continually found themselves in the room with former partners in order to facilitate contact. This led to situations in which they felt unsafe and/or put them in positions which they found repugnant – in close proximity to men who had been controlling, violent and abusive towards them:

I have to stay with my 10 month old at the moment for most of the time. (Mother with former partner who has been violent and has threatened abduction)

One of the co-ordinators in this centre (Centre A) explained why the door between the mothers' room and contact room was not locked and why so many resident mothers were in the contact room:

For a while there, we were trying to keep them all separate, but we spent the whole time trying to settle crying babies. It was a nightmare. So we relaxed the rules and got the mothers in. (Worker, Centre A)

In this way, many mothers continued to experience contact arrangements as abusive to themselves or their children:

My baby experienced what I believe was traumatic for her. When she was asleep she was wheeled into the room in her stroller. I remained in the waiting room. When she awoke, there was this stranger (her father) picking her up. My understanding is that she screamed and cried. She was eventually brought back to me. But she has been very clingy ever since. (Mother, supported contact)

I don't want to be in the same room as him. That is the reason I separated. (Mother, supported contact)

A particular situation witnessed by a researcher during observations at a centre illustrates the dilemma for mothers. A young toddler was very distressed with her father in the contact room, and was crying inconsolably. For a while, the contact co-ordinator assisted the father and stayed with the child distracting her with toys. This appeared to work until the co-ordinator left and returned to her office, when the toddler again began to cry. The child's mother, sitting in the waiting room with other mothers, could hear and was unsure about how to respond. The father had gone back to court the previous week to complain that her presence in the contact room with the child was interfering with his contact. The judge had warned the mother that her behaviour was inappropriate, and that contact would be ordered out of the centre if this continued to occur. The baby's cries became more piercing and more distressed. Eventually, the woman got up, went into the contact room and brought her child back in a distressed state.

It could be argued that, in these cases, the problem lies with inappropriate referral to the supported contact centre combined with an expectation that children under two are capable of re-establishing links with fathers who have been previously violent to child's mother.

6.6 Older, reluctant children

Resident parents/mothers were also concerned about how to manage reluctant children. The following excerpt is from an interview with a mother with a five year old child who

had been using the contact centre for 2 years, firstly for supervised contact and then for supported contact:

No. Every contact we've had trouble getting her here. Usually when we get here she goes in, and he takes her out immediately and they come back later. Nine times out of ten she says, 'I don't want to go no more because I don't like it.....last fortnight she refused point blank. She wouldn't even look at him.....When I was here and she refused to see him I thought about going back to court. Then I thought that might be a one off....if it goes like this for two or three sessions I'll take it back to the solicitors and take it from there. (Mother supported contact).

For some resident parents/mothers (and children) one of their children may want to see their father, while other children may be reluctant or refuse to see their father at all. These parents did not feel that the wishes and feelings of their children had been given proper consideration:

My youngest (8 year old) who doesn't want to see him at all copes with [contact at] the centre, away from the centre would be too distressing. (Mother, supported contact)

Only the third child is happy to come every now and again. (Mother, supported contact)

Another woman, who had experienced violence during marriage and post-separation stalking, explained how she had no problems with one child (a boy) coming to see his father, but her daughter refused. Her former partner took the case back to court to insist on seeing his daughter. Contact at the centre was ordered:

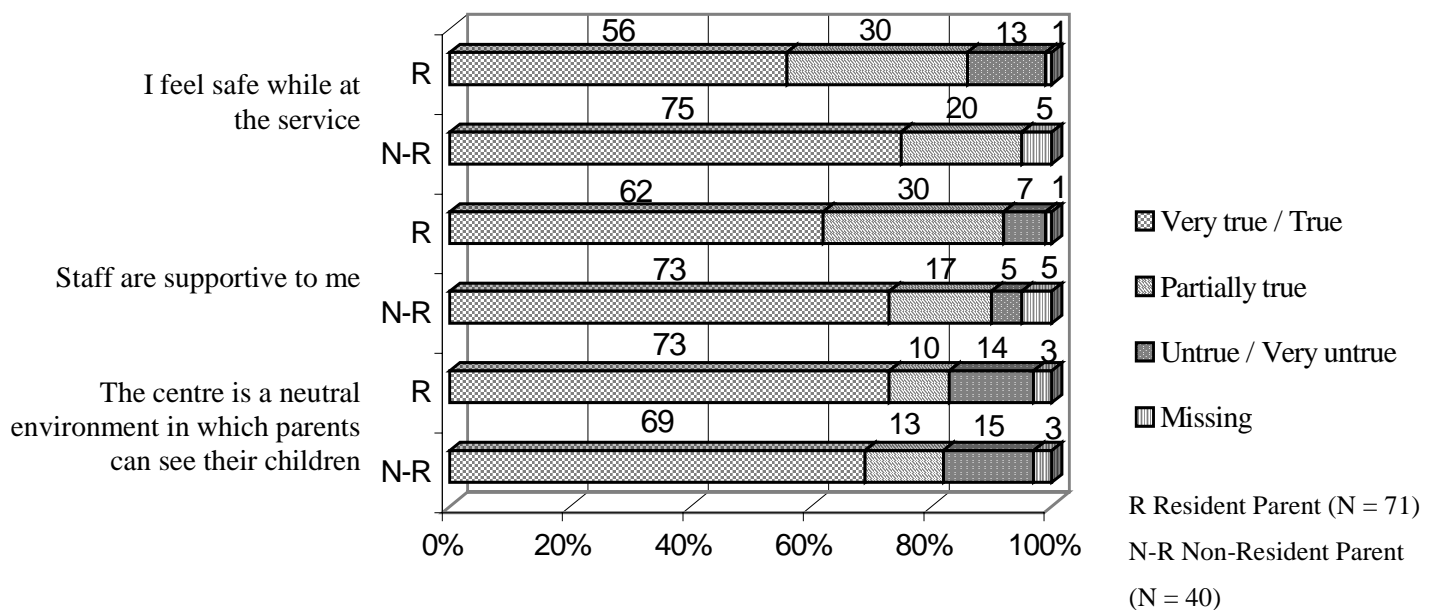
Initially she continued to not want to come. It took quite a long while. At home she didn't want to do anything, didn't want to go to Brownies, didn't want to do anything. She is starting to get better now. The father believed it was me stopping her, but that was not the case. (Mother, supported contact).

Mothers often felt under enormous pressure to make their children come to the contact centre and were often worried about being seen as the 'obstructive parent'. In this process, the efforts of women to maintain contact under difficult circumstances were often under estimated.

6.7 The centre as a ‘neutral’ environment

Contact centres are explicit about their aim of establishing a neutral environment in which non-resident parents can meet with their children. Parents were asked about their experiences in relation to this issue.

Figure 6: Neutrality and Safety



Relatively high numbers of both mothers and fathers experienced the centre as neutral, with approximately 15% of both groups having the opposite experience. A higher proportion of non-resident parents/fathers found staff supportive than resident parents/mothers, with many more mothers finding this only partially true (30%). A small group of mothers (7%) and fathers (5%) found staff unsupportive. Mothers and fathers had different experiences depending on the centre. For example, in some centres non-resident parents were particularly keen to comment to the researchers on the support they received from staff:

I would want to continue contact but with my ex-partner's behaviour I don't think things would have been able to progress the way they have. The centre and its staff have been wonderful.
(Father, assessment contact centre)

Others were not so happy:

I was unhappy about the fact that staff don't talk to you. The staff at the centre don't help. They don't come and talk to parents and ask how things are going. They sit at the table and talk to each other and not the parents. (Father, supported contact)

The staff will not help to bring the youngest children to me. She stays with her mother in the room. (Father, supported contact)¹⁶

In interviews mothers talked readily about the negative attitudes of some centre staff towards them (see Section 4.3). In one supported contact centre every woman who was interviewed wanted to talk at length about how hostile or unsupportive they found staff towards mothers:

They favour the father. Throughout the observed contact I felt these two women were unprofessional. For example he used to cry and they wanted a happy ending. They came and told me that he still loved me, 'He's crying and finding it difficult' etc. I couldn't care. I didn't see them again after that. (Mother, supported contact)

They favour the man. I know it is not their fault – he knows how to put on a good act and he is convincing. (Mother, supported contact)

I don't think they listen to mothers. They only listen to fathers, I feel judged. It's supposed to be neutral. (Mother, supported contact)

There's real concerns and very often mothers are in an extreme state of anxiety, because number one, they're very close to an ex-partner who's been abusive in some way, and number two, they're putting their most precious thing in their life, their child, with somebody they don't feel safe with. So there's a lot of anxiety, and we don't feel we get any support on that at all. (Mother, supported contact)

The experience of many mothers was that the history of previous (or ongoing) domestic violence and child abuse was viewed by centre workers as irrelevant. Legitimate fears

¹⁶ Contact was stopped soon after this interview on the recommendation of the Court Welfare Officer who re-interviewed the children and observed the distress the contact was creating for the children.

about the capacity of fathers, who have been previously abusive, to change over the course of a few supervised contact visits were dismissed as part of the mother's problem.

While many of the co-ordinators did not express these sentiments, the fact that several did, along with volunteers or other workers, demonstrates that training particularly in the area of domestic violence may be inadequate.

6.8 Being observed

The observation of contact by volunteers and co-ordinators is seen as a key factor in ensuring safety in supported contact centres. Workers' presence in the contact room constitutes informal surveillance which reassures parents and deters potential incidents of conflict, violence and abuse.

This arrangement is better. Someone is watching him with my daughter. He can't give me abuse. I feel safer He won't try anything with people here. (Mother, supported contact)

Knowing people are here and watching makes me feel safe. (Mother, supported contact)

In centres where the office is outside the contact room or volunteers are not always present in the contact room may lose a crucial means of maintaining vigilance and ensuring the safety of children and survivors of domestic violence. Some women expressed great concern about this as contact centres had very different practices in relation to this issue:

It's a hell of a problem. To see them (the contact centre workers) sitting in an office, two doors away from the actual room is even more scarier....You're not in the same room as the fathers and the children, so you don't know what goes on you see. I'm only in the women's room....But my son has told me later some of the improper things which have been said to him. (Mother, supported contact)

Other women were worried about the way in which outdoor play areas were unobserved areas:

My son told me later that they had used the mobile phone outside to ring a member of his family.

(Mother, supervised contact)

I am not happy with this contact centre because I had an incident that my husband took my daughter out the back garden without anyone knowing and there wasn't any supervision....he got her to speak to his parents in India on his mobile when they were outside. They then threatened to take her to India, even the father said it....I am so upset because of that. (Mother, supported contact).

While observation is partly an issue of staffing levels (volunteer or paid) it also relates to the lay-out of buildings used as contact centres and awareness of the crucial role which observation plays in both safety and in allaying the fears of resident parents.

6.9 Incidents at centres

The use of contact centres by parents with a history of domestic violence and child abuse raises the problem of safety at these centres before, during and after contact sessions. These issues affect the perceptions and satisfaction of parents and children who use contact centres and also raise questions about appropriate referrals to contact centres. It is difficult to estimate the proportion of families using contact centres where domestic violence is a concern. From the data secured in the course of the research, it is clear that there are parents (mostly men) using contact centres who have convictions for violence, against whom non-molestation orders and occupation orders are in place and whose children have been on a child protection register. This raises serious safety issues for children and parents using these centres.

While contact centre co-ordinators and volunteers may attempt to keep violent incidents to a minimum, they occur regularly at many of the contact centres and create anxieties for all users at the centres. Contact centre workers recognised that the issue needs to be addressed for the safety of both centre users and workers. The research suggests that in spite of the best efforts of co-ordinators, inappropriate referrals to supported contact centres where there were insufficient safety measures in place, meant that some incidents were all but inevitable.

In interview a Court Welfare Officer illustrated the impact of this:

For me the turning point came when a mother that I had been working with was stabbed outside a contact centre. I had recommended no contact on the grounds of domestic violence issues and also child protection issues. However, the court had gone ahead and ordered contact at a contact centre. It was just your standard local contact centre, and father went along with various nasty weapons and attacked the mother and one of the volunteers. The eldest child was injured in the process by trying to protect his mother. (Court Welfare Officer, group interview 2)

An illustration of the effect on other centre users is provided by in an incident observed by researchers. A father arrived 20 minutes late for contact. He sat down with his son who had been playing with his mother while they had been waiting. Within a few minutes of his arrival he yelled very loudly at this son, 'I've come all this way!' and banged his fists on the table and shouted again. The child burst into tears, the father stormed out of the centre, three children ran terrified into the mother's waiting room, others cowered against their parents in the contact centre.

Another mother responding to the questionnaire wrote:

He hadn't seen the children for 4 months. It was agreed between the solicitors just before court. It was at a centre because of violence. Initially he brought his family to the centre where they were very abusive and swearing. Fortunately there were police close by and they intervened. (Mother, supported contact centre, incident confirmed by the co-ordinator).

A frightening incident in another centre was reported by both the co-ordinators and several mothers. A father became aggressive when he heard via his son, that his ex-partner was seeing someone else. He headed towards the mother's room where the co-ordinator had managed to just beat him to the door to get inside and lock it before he reached the woman. He made threats and kicked and banged the walls with his fists. The mother commented on this incident in an interview:

I remember lifting my arms and saying 'thank God my children aren't in the building. Because my son (currently seeing a child psychologist), he's a timid boy. He would have been petrified. If we'd carried on using the centre he would have been worried about that. (Mother, supported contact).

My child was shaking when I picked her up. It was frightening for everyone and I guess brought back really bad memories for all of us. (Mother, supported contact).

A further incident was mentioned earlier under the issue of child abduction, when a mobile phone was used to contact the aunt who then told the child that she was going to take her to Pakistan. Incidents such as these affect not just the child and mother involved, but all mothers and children who witness or hear of the incident at the centre. For those who are anxious about child abduction it reinforces their worst fears.

One mother pointed to the paradoxical situation she found herself in when trying to protect her children.

You know there is a room full of men who, you know, are dysfunctional, let's say, and we're bringing our children....into a situation of dysfunction which is what we're trying to escape from.... What's glaringly obvious to me is that the court has not caught up with the evidence [on domestic violence and child abuse]... children are suffering and mothers are suffering ... if you have a dysfunctional domestic violence past, the best way to prevent that from continuing is to protect that child and not to show them that it's okay. By bringing them to see that parent is a sense we're saying 'it's okay'. (Mother, supported contact)

Incidents like this affect not just the child having contact, serious though this is, but have a more general impact on other children and parents.

6.10 Staggered arrival and departure

Incidents are not confined within centres; getting to and leaving centres can be even more worrying to women. Staggered arrival times as a way to support safety were provided by 85% of centres (N = 73), while 42% (N = 36) said they had separate entrances. Referrers generally thought this should be a feature in contact centres.

In their interviews however, mothers mentioned their lack of confidence in these procedures. One woman detailed this experience:

Where it [contact centre] is located you have to go up steps and down an alleyway, and I find that difficult. I'm always very edgy, very nervous, and actually last weekend he was actually in the

alleyway talking to somebody... ..previously we had an order. When we left, he actually had to wait 5 minutes to give us a chance to leave, and he did that. But as soon as the order finished, he was actually leaving directly behind us which I found really intimidating. You know walking down the alleyway behind us....I'm scared of him, but also because I've got the children, I'm so frightened of them seeing something and I don't want them to be distressed in any way. I'm trying to do what's best for them...the centre staff can ask him to stay behind, but he's under no obligation and he leaves when he wants to. (Mother, supported contact where the judge ordered contact at a centre due to the firearms involved in an attack on the mother, as well as threatened child abduction).

I feel quite safe while I am inside. But I am scared about outside. He can have someone sitting outside in a car. I am still in the refuge waiting to be re-housed. I have an injunction. (Mother, supported contact)

Another woman reported two incidents that occurred as she was leaving a centre she had been using for two months. In the first of these, her former partner was on a bicycle and picked up their young child as he rode past. He then returned the baby to the mother. This, along with the previous severe violence she reported in the relationship, increased her fear when another incident took place:

I'd left and said goodbye to the centre workers, just a couple of minutes later he's rushing out as if he's going to catch up with me. Fortunately I was with a friend so he didn't. So there was no scenario...but I was terrified, I was absolutely shaking like mad at the thought of it....If I hadn't stopped and spoken to my friend he'd have caught me in the alleyway. (Mother, supported contact).

Other women mentioned similar incidents in which they encountered their former-partners.

On arriving at the centre, staff don't always remember that we don't meet at all. On occasion I have come face to face with him and it's been stressful....Just seeing 'X' reminds me of what he put me and my family through. My son was threatened by him, I was beaten up by him, we witnessed many road rage incidents. He has followed me while out shopping. We had an arson attack. I know it was him but it was never proved. I am absolutely terrified of him. (Mother, supported contact)

A further incident was observed in the course of research at a contact centre. A woman and her children using supervised contact were being followed by her abusive and violent former partner, who should have arrived at the centre half an hour before them. Although the issue was taken up by the co-ordinator, the woman told the researcher how intimidated and frightening she had found her arrival that morning.

The women's reactions demonstrated just how fearful and intimidated unanticipated and unsupervised meetings with violent former partners made them feel.

6.11 Summary and key points

Exploring parents' experiences of using contact centres revealed specific areas of satisfaction and dissatisfaction and critical differences of perspective between resident parents/mothers and non-resident parents/fathers about having to use contact centres:

- Parents were not always certain about the differences between supervised and supported contact.
- Resident parents/mothers often believed there would be higher levels of supervision than were available and sometimes felt that they had been misled.
- More resident mothers than non-resident fathers were satisfied with their arrangements for contact at a centre.
- Mothers often felt that a centre offered comparative safety while fathers felt they were unnecessarily constrained by safety arrangements.
- For some resident parents/mothers, separate waiting rooms provided a sense of security. Others wanted to be where they could hear and see their children although they were aware that this was not always welcomed by staff.
- Most parents felt that their children benefited from contact although a significant minority of mothers felt that it had not been good for their children.
- Contact arrangements for babies and for older reluctant children raised particular difficulties for parents and centre staff.
- Although most resident parents/mothers and non-resident parents/fathers considered the centre a neutral environment, many resident parents/mothers felt that contact centre staff had a negative view of them.

- Violent incidents often occurred during contact sessions and these were threatening to parents, children and staff.

SECTION 7: AT THE CENTRE: EXPERIENCES OF CHILDREN

7.0 Introduction

The introductory section has explored two potentially conflicting principles which must be resolved in attempting to determine what is in the best interests of children in relation to contact arrangements in the context of domestic violence. Research on the impact of separation and divorce on children highlights the potentially negative effects of losing touch with a parent and the significance of contact for children's long-term emotional well-being and identity, including racial and ethnic identity. At the same time it has been shown that:

although divorce and separation create significant levels of adversity for many children, the greatest risk to a child's well-being comes through being exposed to domestic violence, high conflict and ongoing disputes. (Strategic Partners, 1998: p.7).

For many children the promotion of contact with an absent parent will be an essential aspect of their overall care. For others contact may well be detrimental to their development. There is relationship also between a mother's recovery and her child's recovery, highlighting once again that children's interests cannot straightforwardly be disaggregated from those of their mothers (Mertin, 1995). Conversely, where factors such as post-separation violence, conflicts about custody or high levels of fear generated by contact arrangements impede a mother's recovery, this may indirectly affect her child and be indicative of the poorest outcomes for them.

Most longitudinal studies emphasise the value of frequent and regular visiting with the non-residential parent only in the absence of parental hostility, particularly from the father to the mother (Strategic Partners, 1998: p.71)

There is still relatively little research concerning the outcomes for children of various contact arrangements. (Bala *et al*, 1998) In addition there has been insufficient attention paid to children's own perspectives.¹⁷ A recent study, which focussed on the piloting of ten new contact services in Australia, was in the unique position of building children's

experiences at four of these services into the evaluation over a twelve month period.¹⁸ The authors of the study concluded that this provided 'a powerful and moving picture of children's experiences in using contact services at various points in the visiting process exploring a range of outcomes across different circumstances' (Strategic Partners, 1998: p.69). Amongst the key findings were that few children were given full introductions prior to supervised contact; a proportion of children were worried about their safety and experienced anxiety; where children felt easier or safer with contact, they did not want to move away from the centre. Whilst for many children relationships with non-resident parents/fathers improved over time, anxieties persisted for a significant minority. The worst outcomes for children were related to a history of threats of abuse or abduction; situations where the visiting parent had not helped the child recover, or where residential parents' fears remained acute.

The limitations imposed by the aims, duration and budget of this research project, together with the ethical issues outlined earlier, precluded the extensive consideration of children which characterises the Australian study. However a snapshot picture of some of the children in the study is included which allows some comparison with parents' views and the observations of researchers. It should be noted that children in these circumstances may find it extremely difficult to vocalise their feelings and experiences (Butler and Williamson, 1994; Epstein and Keep, 1995), and their stage of development will also affect the ways in which they are able to express difficult and possibly ambivalent feelings.

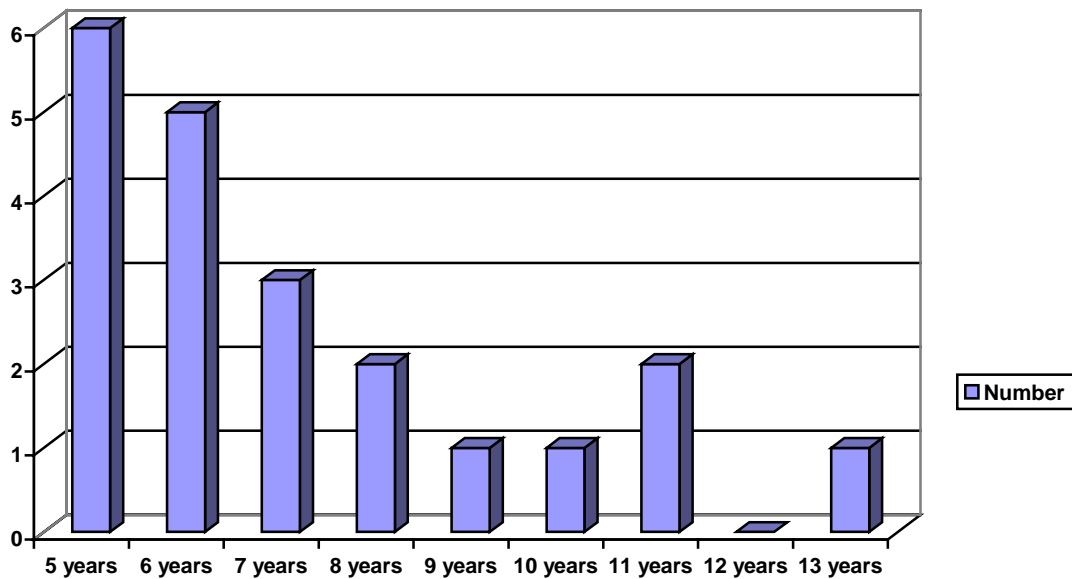
7.1 Analysis of children's questionnaires

21 children and young people completed questionnaires, some with the support of researchers or contact centre staff. Their ages at the time of completion were between five and thirteen, as described below in Figure 7.

¹⁷ Although Neale, B., Stuart, C., and Whale, A's recent ERSC funded study "New Childhoods? Children and Co-parenting After Divorce" looks at children's experiences of post-divorce life in co-parenting families. (www.link.ac.uk/children5to16programme)

¹⁸ This was possible because agreement to participate in the evaluation was a condition of use of the service and involved observations and interviews with a total of 49 children

Figure 7: Age distribution of children completing the questionnaire



The children who participated in the research were older than the overall group of children of parents involved in the research and of children more generally using contact centres. There were 13 girls and 8 boys. Of these children, 13 were attending a supported centre, 7 were attending a supervised centre and one was using a centre for handover. 18 children saw their non-resident father and 3 saw their non-resident mother in the contact centre. Their circumstances, histories and reasons for attending a contact centre were diverse.

7.2 Feelings about contact

The majority of children, 76% (N = 16) felt that it was 'good' to see their non-resident parent/father at a centre. When asked what they specifically liked about seeing their absent parent, younger children tended to respond in very concrete terms:

He brings good games. (Child 1, boy aged 6)

I like my Dad because he gives toys to me. (Child 4, girl aged 6)

He buys us chocolate and stuff. (Child 14, girl aged 8)

I like his hair. I like his face. I like it when he comes to see me (Child 17, girl aged 6)

Older children were more likely to express positive feelings in terms of the relationship with their non-resident father:

Good – because I get to talk about what we’ve been doing. We can see each other and keep up contact (Child 7, girl aged 9)

I get to have a relationship with him and I get to know him more (Child 10, girl aged 10)

For some children who replied positively about seeing their father, their comments revealed a more qualified response, and perhaps underlying anxieties:

When he behaves (Child 5, girl aged 8)

I like it when he’s nice to me (Child 6, boy aged 6)

Four children were not sure about whether it was good to see their father:

When he’s naughty. (Child 13, Girl aged 11)

I don’t like my Dad because he does kill flies. (Child 4, girl aged 6)

He doesn’t give me my dinner. (Child 9, girl aged 5, handover)

(I don’t like) everything . (Child 14, girl aged 8)

Another was clear that it was not good:

I don’t like seeing him. (Child 20, girl aged 5)

Three of these children had been observed during a supervised contact session as being particularly reluctant or hesitant before contact. One (Child 13, girl aged 11) was brought back during the session by a worker in a state of considerable distress, saying that her

father had asked questions about her mother (despite the evident distress of this child, she was approached twice by a worker during the remainder of the session to go back into contact). Another (Child 14, girl aged 8), came back before the end of a session with a note that her father had handed her to gave to her mother. Both this child and her mother seemed resigned to this happening during the session since it had happened on a regular basis. The girl also described him giving her presents that were not appropriate (a computer mouse mat when they did not have a computer) or presents to do with his interests rather than hers.

He always gets me things with Disney animals on – he’s mad on Disney. I’m not
(Child 14, girl aged 8)

7.3 Feelings about safety

When exploring how safe children felt whilst having contact at a centre, it was reassuring that 14 of the 21 said that they did feel safe. However, the remaining seven (33%), across both supervised and supported centres, said that they were not sure or that they did not feel safe:

Sometimes I feel safe and sometimes I don’t know. (Child 13, girl aged 11)

This proportion of children who felt unsure or unsafe was higher than that found in the Australian Child Impact Study. Similarly these were not all situations in which contact centre staff thought high vigilance was required.

Those children who were unsure of their safety tended to be children who had already indicated that seeing their Dad was not good, for example Child 13, Girl aged 11, who had referred to her Dad’s behaviour during contact sessions and had been returned during one session very distressed. It may also be significant that two thirds of the children who completed the questionnaire indicated that they wanted their other parent to stay nearby during the contact visit. Those children (7) who were unsure about having their resident parent nearby, or who did not feel that this was necessary, were those children who had indicated the greatest satisfaction/pleasure about seeing their non-resident parents. This underlines the significant role, often observed by the research teams, that mothers frequently play in facilitating contact, not only by being there when this is very difficult

for them, but also through the direct reassurance they give to children, before during and after contact.

7.4 Comparison with previous arrangements

Children had experienced various arrangements for contact prior to coming to a centre. For some, previous contact had been through arrangement between parents, and contact at a centre represented a greater degree of restriction over contact in order to give a level of supervision over the process. For others, where perhaps there had previously been no contact, contact at a centre represented, in effect, a more permissive approach to the non-resident parent/father. Children were asked whether having contact at the centre, was easier than previous arrangements.

Ten children said they found it easier. The comments made by some children indicated that this was because previous arrangements were difficult for them:

Yes, because he used to cause trouble. (Child 13, girl aged 11)

Those who found it less easy than former arrangements also compared current with previous arrangements:

No – because it's a long bus ride. (Child 20, girl aged 5)

I liked seeing my Mum at her house. (Child 19, girl aged six)

It was better at his place. (Child 21, girl aged 11)

7.5 Feelings about going to the centre

Children were asked about going to the centre, as distinct from seeing a parent at the centre, and the things they liked and disliked about this. The importance of play to the process of contact, particularly where younger children are concerned was evident for many of the children:

There are loads of toys. (Child 12, boy aged 5)

I like playing football and eating biscuits. (Child 6, boy aged 5)

Four specifically mentioned playing with their Dad or seeing their Dad:

It's fun. I like coming here because we play together. (Child 2, boy aged 7)

*I like to play. I like to see the volunteers that take me out with daddy. I like to read the books.
(Child 16, boy aged 7)*

Comments were also made by some children that they felt there were not enough toys and some older children mentioned the inappropriateness for them of the toys and games that were available:

There's nothing for my age group. (Child 10, girl aged 10)

Having nothing to do. (Child 4, girl aged 8)

There aren't any things. (Child 1, boy aged 8)

Whilst some of the centres struggled to provide a range of play materials, these comments are noteworthy since research has indicated that play materials and the process of playing with a non-resident parent is central to relationship building and the quality of contact (Strategic Partners, 1998). A corollary may be that the absence of developmentally appropriate play materials may inhibit the quality of the relationship.

Other comments made about going to the centre and recorded by children as apparently positive points, in fact echoed comments made previously in relation to safety, and drew attention to what may be underlying anxieties and insecurities for some children:

I know I'm very safe and my mum's very nearby and people who work here help me and look out for me and they're very helpful to me and my mum. (Child 10, girl aged 10)

*I like it. I like to stay in here. But we have to go out to Dad's friend's and I'd like to stay here.
(Child 9, girl aged 5)*

A number of other factors were mentioned by children as things they did not like about using a centre echoed comments made by both resident parents/mothers and non-resident parents/fathers. For example the communal and public aspects of a centre were difficult for some children using supported provision where there was little privacy:

There are too many people. (Child 15, girl aged 13)

Some of the kids are too noisy. (Child 13, girl aged 11)

Others liked the presence of other children and were disappointed when there were few there:

When there aren't any other kids. (Child 4, Girl aged 6)

Again safety issues surfaced for several of the children:

I don't like it when my mum leaves the centre. (Child 17, girl aged 6)

Seven said there was nothing that they disliked.

7.6 Ways in which the centre could be better

Children were invited to suggest ways in which they thought the contact centre they attended could be made better for them. The most significant group of comments related to additional play materials and activities, mentioned by seven children:

More toys. (Child 17, boy aged 7)

If I could play in a sandpit and if I could paint more. (Child 18, boy aged 5)

Another child wanted more space and said:

If it was bigger and had room for each person. (Child 13, girl aged 11)

Two children did not know how it could be better and two felt that:

It's fine. (Child 16, boy aged 7)

7.7 Other things that could be different

Children were asked, if there was a magic wand, what they would wish for about contact with their non-resident parent? This elicited a range of responses, once again representing the range of children's experiences of contact at a centre. Those who felt most positively about contact wanted fewer restrictions on seeing their non-resident parent/father:

My Dad to be with me. (Child 21, girl aged 11)

I would like to see Dad more, everyday. (Child 18, girl aged 5)

However, comments made by five children in response to this question reinforced the impression gained from responses to other questions, that some children were involved in arrangements about which they were unhappy and that caused them distress. Their comments also raised concerns about whether and how these children views were being elicited:

If it (contact) never happened. (Child 5, girl aged 11)

If I could see him here and not go out. (Child 9, girl aged 5 who had handover)

I'd wish he would be nicer to my mum and the people who work here. (Child 10, girl aged 10)

I wouldn't change it because I don't want to see him out of the centre. (Child 19, girl aged 7)

That he didn't get us into this mess in the first place. (Child 14, Girl aged 8)

7.8 Summary and key points

Children's perspectives, although the most difficult to gain, are central to understanding the relationship between contact and safety. The following tentative conclusions were drawn from the involvement of children in this research:

- Many children were positive about seeing their non-resident parents in contact centres.
- Some children described the loss they had experienced when their parents separated and their pleasure in having contact at the centre.
- Age appropriate toys and activities were important to the process of contact and there were difficulties when these were not available.
- Few children suggested that they would rather see their non-resident parent away from a centre.
- However it should also be noted, that for a significant minority of children, contact was neither a positive nor a safe experience.
- The highest levels of anxiety and insecurity appeared to affect children whose family situation was characterised by a history of domestic violence.
- Another indication of the safety and security needs of children was that so many of them wanted their mothers to stay close by during contact. This highlighted the contribution that mothers make to contact, even when contact was experienced by them as unsafe or distressing.
- There were some situations in which children whose circumstances are associated with the poorest outcomes, even with high levels of vigilance, were having contact. This suggests that additional work is necessary to ensure that contact is beneficial to children and safe for them and their mothers.
- These situations also raised concerns about the manner and extent to which children's views were being elicited and taken into account when contact arrangements were being established, particularly if these views indicate that children do not want contact with their non-resident parent.

SECTION 8: MOVING ON: CONTACT CENTRES AS TRANSITIONAL PROVISION

8.0 Introduction

The courts have tended to view centre-based contact primarily as an interim measure, as a precursor to more extensive, flexible contact. Judge Gerlis for example, (1994) comments on the use of supervised contact as a possible measure to encourage the ‘denying party’ to agree to some limited form of contact between the interim and final hearing. In some circumstances considerable pressure can be placed on a resident parent, usually a mother, to agree to increasingly flexible contact and a negotiated settlement, rather than initiate court proceedings (Bailey-Harris et al, 1998; Sarat and Felstiner, 1995).

Whilst recent case law and guidelines for judges and magistrates in domestic violence cases potentially brings a change of emphasis, this shift in attitude was not particularly obvious in this research.

In this study, views about moving on from a contact centre were characterised by an intensification of the tensions and differences evident throughout the research process. In general terms, referrers, such as Court Welfare Officers and members of the judiciary, considered contact centres as short-term provision, rather than a long-term arrangement. Contact centre staff experienced the pressure of demand exceeding supply and sometimes inappropriate referrals. Fathers often saw the contact centre as unnecessary in any event, and wanted more contact and less surveillance. Mothers were often very fearful indeed about the prospect of moving away from the perceived safety offered by the centre.

These disparate perspectives on moving on, which will be explored in turn, further reveal the different attitudes towards, and expectations of, support or supervision in the contact process. These differences, which were evident at other points in the contact process, re-emerged with some force at the point where the issue of moving on was raised by referrers or centre staff, or was generated by a further court application.

8.1 Referrers

Referrers reflected a general expectation found elsewhere (Furniss 2000), that arrangements for contact through either a supported or supervised centre, will be short term and transitional and a stepping stone to longer-term arrangements which both parents can either agree about or accept:

You should never use a contact centre if you can't envisage it ever moving on
(Court Welfare Officer group interview 1)

I think that they are useful, but not as long term or permanent facilitators (Judge 1)

Contact centres are seen as a way of helping parents deal with the early period after separation when feelings may be running particularly high (Lord Chancellor's Department, 2001), or where a temporary crisis has de-railed previously satisfactory arrangements:

If there's been a breakdown of contact there needs to be support, there needs to be supervision to start with and you plan to work towards unsupervised contact (Judge 1)

In other situations where the non-resident parent has had little or no previous involvement in the child's life and is an unknown quantity, a contact centre may be considered important initial provision:

One may have contact which only requires it to be supervised really in order to get it going. As a way to breaking the ice as it were.....Or, the mother's very anxious about how father's going to deal with it and whether he can cope with a two year old (Judge 2).

Contact centres also have a significant role in the assessment and observation of contact and as a way of working out a longer term arrangement:

They do give the opportunity for social workers to assess whether or not the child has a genuine bond for the parent who wants contact, and to that extent it is a useful assessment point to decide whether or not contact should be continued further or if the child is refusing contact the reasons for it (Judge 2)

A view of supervised or supported contact centre provision being a short term or temporary measure is reinforced by the limited nature of provision and the waiting that may be involved. Contact centres are a scarce resource and in most regions there is only supported provision. These factors may give rise to a belief that families which stay too long or become dependent are misusing the service and preventing other families from benefiting from it:

...the Court Welfare Officer has basically refused to let us carry on at the Centre. I wanted it to continue there, but I very much doubt that I will get it. She's saying firmly that they are an assessment centre, that there's a waiting list, that we can't keep going there.....so we will have to stop going, irrespective of need. (Mother, supervised contact).

There was also recognition of the limited or artificial nature of contact at a centre and its implications for the development of a relationship between children and non-resident parents – a view that contact ought not to occur in such places:

It's not particularly pleasant for the child, it's very difficult for the parents and contact centres are better than nothing as a last resort,but with the best will in the world, contact centres can't provide the sort of stimulation that the child would like to see, you know the parent does his or her level best to make it work and in due course the child becomes, I think, less enthusiastic about contact because it becomes increasingly boring. When it comes to be repetitive, they get fed up of it. (Court Welfare Officer group interview 1)

A corollary to this discussion about the necessity of moving on, is that it establishes a benchmark for the circumstances in which direct contact, even in a centre, would not be envisaged:

If you have someone who is deemed to be a permanent risk, even if the child wants to see them, I think we would argue we shouldn't even start to use a contact centre. (Court Welfare Officer group interview 2)

The expectations outlined above appeared to define the parameters for the use of contact centres. In the questionnaire referrers, the vast majority of whom were Court Welfare Officers, were asked to indicate which factors and circumstances would lead them to

consider that contact should only take place within a centre and that moving on would **not** be safe:

Table 14: Referrers: factors associated with moving on

Factor	Yes		No		Missing	
	N	%	N	%	N	%
Findings of child sexual abuse	29	85	2	6	3	9
Abduction threats	25	73	4	12	5	15
Previous abduction	24	71	5	14	5	15
Schedule 1 offender	24	71	6	17	4	12
Reluctance to be alone with father	23	68	6	17	5	15
Allegations of sexual abuse	21	62	8	23	5	15
Court finding of domestic violence	21	62	8	23	5	15
Children's behavioural/emotional difficulties	20	59	9	26	5	15
Reluctance to go to contact visit	18	53	11	32	5	15
Known parental mental health difficulties	17	50	12	35	5	15
Non-molestation order/occupation order/restraining order	15	44	14	41	5	15
Children's account of domestic violence	15	44	14	41	5	15
Children on child protection register	17	50	13	38	4	12
Convictions for violence	11	32	18	53	5	15
Evidence of domestic violence	11	32	18	53	5	15
Failure to return child after a visit	9	26	20	59	5	15
Parental ill-health	7	20	23	68	4	12
Other	4	12	29	85	1	3

The table shows that the highest levels of unanimity were expressed in relation to factors directly concerning a child or a child's behaviour and court findings in relation to the non-resident parent, including court findings of domestic violence. However, children's accounts of domestic violence and other evidence of domestic violence were much more contentious as factors that might suggest continuing contact through a centre.

8.2 Contact centre staff

Both centres which were involved with intensive assessment work alongside contact raised the problems for families of 'moving on', when no work had ever been done with any member of the family to make this a realistic aim:

In your contact centre in a local hall where it's individuals in the community who are coming in to support, there is no structure [for moving on]. So at the end of your six months, perhaps child and

parent have attended every week because they felt they ought, and perhaps they haven't. As to whether anybody actually knows from the child's point of view whether there was any benefit, you may be no further along the line, particularly with a young child. (Co-ordinator, Supervised Contact)

Often for the mother, the unspoken agenda is, I know these people are trying to get me out of here to unsupervised contact. They can't want me to stay here forever.there's more of an assumption outside that you will do something to make it work....funding to a certain extent is based on this success. (Co-ordinator, Supervised Contact)

However, while some co-ordinators and Court Welfare Officers were well aware of these problems, as mentioned in the earlier sections, it was also easy for co-ordinators and the courts to view mothers who did not wish to move on as hostile and obstructive. One of the co-ordinators said that she makes the following suggestion to mothers:

You can't use the centre forever, you have to get to the stage where you and Dad can agree instead of always going back to court. The courts get fed up making the decision for you, don't they? Lots of time the judges have said to people go away and make a decision. So we encourage them to maybe meet outside somewhere if they can. (Worker, Supported Contact)

While this worker recognised that 'domestic violence people' were never going to want to move on, the pressure to 'make a decision', was nevertheless generally in one direction - to move to more open contact. In this sense, contact in a centre was, often accurately, interpreted by women as 'the thin end of the wedge' - a temporary arrangement during which they would be increasingly pressured to allow more frequent and more open contact.

8.3 Resident parents/mothers

The views of resident parents/mothers contrasted markedly with those of judges and to some extent, Court Welfare Officers and contact centre staff and non-resident parents/fathers. The attitudes of resident parents/mothers stemmed not only from a very different view of the contact process, but from the history of contact prior to attendance at a centre and from an associated range of fears and anxieties. This was particularly apparent where there had been a history of domestic violence or child protection concerns. 85% of mothers in the sample reported a history of domestic violence and/or child

protection concerns and many expressed a view that if contact was going to happen at all, a centre gave them some level of protection. Whilst they did not necessarily believe that contact was in their children's interests, some women thought that attending a centre reduced the likelihood of violence and harassment and 64% thought there had been less conflict since they had attended a contact centre.

From individual interviews, it was established that moving on was a prominent issue for resident mothers. Many mothers who were interviewed felt that their accounts of what had previously happened to them or their children had not been given sufficient credence and that they were given no choice but to comply with arrangements which they saw as inadequate for themselves or their children.

Indeed, as noted in earlier sections, some women found the on-going anxieties associated with contact arrangements created continuing distress, which was affecting their mental health. Women who still experienced these problems whilst using the centre could not envisage 'moving on':

Every single scenario I find distressing. My solicitor wants me to go back to my GP and get referred back for counselling, to see somebody, because it is really distressing me. Physically it is beginning to affect me, particularly after my op....he was outside my flat...It's really having a bad effect on me, but what can I do? I know that he'll use it against me; he'll say that I've got depression....I don't see an end to it and I'm not happy that it continues like this. (Mother, supported contact)

'Moving on' posed particular problems for women whose previous contact arrangements had broken down because of their former partners' violence:

Without the centre being involved – I can't see how it can work. Where would I take her? Who would hand her over? He was coming to the house regularly and that didn't work because of his violence. (Mother, supported contact)

Mothers were also worried about whether their former partners were able to look after children without the support or supervision of a centre especially where there were drug problems, lack of fathering skills, or mental health problems¹⁹:

I am really concerned about the long term because I don't feel he is an appropriate adult....My child has long term health problems...he has recently had another episode.. he has just had another operation....I have concerns about who looks after him. (Mother, in supported contact. Former partner had attacked her during pregnancy, and where there are also drug problems. Father does not turn up regularly for contact).

Mothers were concerned about fathers having contact who had never looked after babies. This was of less concern where children were old enough to ask for help where necessary.

There's no way I want him to be unsupervised with my ex until the child is sufficiently articulate to be able to explain to someone else like a CWO what was going on. (Mother, supported contact).

8.4 Non-resident parents/fathers

In contrast, non-resident parents'/fathers' views about moving on were unequivocal. 100% wanted more contact, more often. Most non-resident parents'/fathers' views about contact centres were strongly influenced by the belief that they were referred inappropriately in the first place. 74% of fathers responding to the questionnaire were unhappy about having to attend a centre primarily because they did not believe there had been any problems with previous arrangements. 78% felt that failure to agree was the most significant factor in influencing decisions about contact within a contact centre and 69% said domestic violence was not an issue. Mothers were blamed for contact having been moved into a centre in the first place through what they considered to be false or malicious allegations:

It [allegation of domestic violence] was not true. They seem to be able to say whatever they like. (Father, supported contact)

¹⁹ On several occasions during observations, members of the research team saw mothers being approached during a contact session to change a child's nappy or pacify a distressed young child.

Other family members were sometimes seen to have exerted a negative influence on mothers.

There were real problems with the extended family. Her sister is a real problem as she turns C. (ex-partner) against me. In the beginning she let me see my daughter twice, but then her family stuck their nose in and now I am using a contact centre. (Father, supported contact)

Non-resident parents/fathers generally saw a contact centre as a route to moving on to greater freedom and independence in arrangements for contact:

I asked for this (contact in a centre) with the view to showing my ex-wife and her parents that I was in her eyes a suitable father.....I would like to have my son overnight and over a weekend. (Father, supported contact).

Non-resident parents/fathers were generally unhappy with arrangements at a contact centre, but reluctantly accepted this as long as they felt that they were temporary. Those who felt that allegations of violence, abuse and harassment against them were unfounded were particularly angry and upset about the arrangements.

8.5 Children's perspectives

Children were not asked directly about moving on from the contact centre. However, there are some indications that, for a group of children, there may be problems with this proposition. For example, a number of children said that they wanted to have their mothers close by, or staying in the centre (see Section 7). One third of the children in our sample did not feel safe at contact centres. Previous research with children in contact centres shows that children's fears may be exacerbated by moving on (Strategic Partners, 1998).

8.6 Summary and key points

Different, and often conflicting views about contact and the role of support and supervision in facilitating contact, were graphically thrown into relief when the issue of moving on was explored:

- Contact centre provision was generally considered to be a transitional stage in relation to child contact.
- The pressure to 'move on' highlighted tensions between resident parents/mothers and non-resident parents/fathers, co-ordinators and the courts.
- All fathers wanted to move out of a contact centre. In marked contrast, the majority of mothers did not want contact to continue outside of a contact centre.
- For resident parents/mothers who reported domestic violence (85% of respondents) the contact centre was viewed as comparatively safe and they feared that violence and abuse might escalate in more independent arrangements.
- A small group of children felt unsafe in contact centres and a larger number of children also wanted their mothers close by. This suggests that for a group of children moving on is not a preferred option.
- Resident parents/mothers who did not wish to move on were often viewed as obstructive by non-resident parents/fathers, co-ordinators and the courts.

SECTION 9: VIOLENCE AND ABUSE: SAFETY AND VIGILANCE

9.0 Introduction

A central question for this research was: *What promotes safe and positive contact for children that is also consistent with the safety and well-being of women?* Earlier sections of this report have established the level and nature of ambiguity and confusion that are evident when child contact is considered in the context of domestic violence and child protection concerns. When the process of making contact arrangements is examined in detail, a range of diverse and not always consistent factors were influential. Not only did this demonstrate a lack consensus about what constitutes supported or supervised contact, but it revealed some of the consequences and implications for the safety and well-being of women and children. This section draws together prominent themes from the research, in order to examine the ways in which the significance of violence can be underestimated and safety and well-being compromised.

9.1 Themes

9.1.1 Different professional perspectives

Although there is some level of agreement between referrers and contact centre staff, there were also high levels of disagreement, and sometimes marked contrasts, between and within these groups:

- Differences were evident over the definition, purposes and levels of vigilance expected respectively of supervised centres and supported centres.
- There was significant disparity about the safety features referrers and contact centre staff associated with supervised and supported centres. Many centres named as supervised centres had only basic safety features, and some had less than those available at other supported centres. Many supported centres had few safety features.
- Definitions of domestic violence, and particularly the severity of violence that should curtail contact arrangements, were contested. Some fathers were using low vigilance, supported contact centres who had convictions for violence towards their ex-partners, including several who had served custodial sentences for attempted murder or grievous bodily harm. There were also schedule 1 offenders and a mother on a charge of attempted murder of her child; men who were subject to restraining orders for

harassment, or non-molestation orders for violence and abuse; and men who had threatened or attempted child abduction. A number of mothers were hiding in refuges with their children to escape violence from their ex-partners, but nevertheless were taking their children to a contact centre. That such serious cases are in supported contact centres, graphically illustrates the lack of any agreed baseline about what constitutes arrangements for safe contact.

- The role of centre staff in assessment work, the level of qualification required for this work and arrangements for reporting back to the court differed markedly between areas and contact centres.

9.1.2 Disparities between the views of referrers, centre staff, mothers and fathers

With this lack of consensus between referrers and staff in centres, it is not surprising that parents were often unclear about what a centre would be like:

- Mothers were often unhappy about what they considered inadequate supervision and fathers were annoyed at what they considered unnecessary surveillance.
- Fathers were keen to move on to less supervised contact and mothers wanted to retain the partial security they gained from a centre.
- Centre staff and the courts often saw women as obstructive, particularly when they were unwilling to move to more open arrangements. However, in supported contact centres, women were frequently actively involved in facilitating contact, particularly where babies and toddlers were involved.
- Children were the least likely to visit and be spoken to before contact at a centre commenced. Their views on the centre and ‘moving on’ to more independent arrangements were frequently not discussed with them.
- The views of children were not always easy to gain. Some children appeared happy with their current arrangements for contact, while a significant minority expressed concerns about safety and wanted to have their mothers close by.

9.1.3 Lack of adequate information and inadequate assessment

Information sharing, screening and assessment are critical when considering safety needs and the level of vigilance necessary to safeguard the welfare of women and children.

These practices were confounded in a number of ways:

- In a number of centres, almost invariably supported centres, many of the referrals received were not sufficiently detailed.
- When co-ordinators sought active clarification or spoke with a mother or her solicitor, it often appeared that full details may have been withheld in order to gain access to the centre.
- Where court orders were made, it appeared that incorrect assumptions were sometimes made about levels of vigilance available at a particular centre. Orders were often vague about whether a centre was to be used for observed contact, high vigilance, supervised contact, assessment or for handover.
- Attention to safety was further undermined if assessment and referral processes did not screen actively for domestic violence.
- Where centres were more robust about obtaining background information and interviewing parents and children, a fuller picture was obtained and closer scrutiny could be given to safety arrangements.
- Many parents and some children were unsure about what to expect or found that their expectations, particularly about safety issues, were unfulfilled. Information for parents and children was inconsistent and the complex needs of black and minority ethnic parents, including refugees and asylum seekers, were not always addressed.

9.1.4 Contested Evidence

The issue of what constituted evidence of domestic violence and child abuse was also problematic. The point has already been made that in some cases, high levels of proven violence did not preclude judges ordering contact, solicitors referring, or contact centre co-ordinators accepting such families at supported contact centres. In other situations the issue of evidence was even more disputed:

- The courts, referrers, and co-ordinators differed about whether living in a refuge or a non-molestation order was evidence of a risk of violence serious enough to warrant limiting the level of contact, or not pressurising a resident mother to move on to more independent arrangements.
- The courts, other professionals and centre co-ordinators also had different views about what weight they attached to a verbal account of violence from a resident parent

(usually a mother), the minimisation and denial of violence and abuse by a non-resident parent (usually a father).

- Time was not always taken to elicit the child's experience and views.
- Different thresholds in relation to evidence influenced decision-making, assessment and how children, women and men were viewed and treated. However, there was also little consistency in what decisions were made on the basis of evidence.

9.1.5 Resources and staffing

While many supported centres had aspirations to provide a safe environment, they were not established with this as a priority:

- In every centre involved with the research, staff and volunteers were working under pressure, dealing with high numbers of referrals and not always working in an ideal physical environment for child contact.
- Within such settings it was difficult to maintain attention to even basic safety features such as observation and staggered arrival and departure times, let alone issues such as screening and interviewing.
- This placed onerous responsibilities on staff, particularly on volunteers in supported centres.
- Due to limited supervised provision, contact arrangements were sometimes determined by what resources were available, rather than the level of vigilance commensurate with the risk and safety issues involved.
- Not only was supervised provision under-resourced, but other strategies which can support child contact, such as supervised assessment, perpetrator risk assessment and treatment programmes, parenting education, the availability of counselling for family members, services in relation to mental health and substance abuse were similarly limited.
- In particular, there were few services able to advocate on behalf of children themselves.

9.1.6 The relationship between supported, supervised and no contact

The combination of factors mentioned above can systematically weaken attention to safety and thereby distort operational definitions to the extent that their effectiveness is eroded:

- Lack of agreement about what constitutes supervised contact, often meant that high vigilance, one to one contact was not provided or agreements about levels of supervisions were not observed.
- The number of observed incidents at centres, combined with the number of women who felt coerced into contact in spite of fears for their safety, or their children's safety suggested that supported contact centres were often being inappropriately used.
- Mothers' views about their safety and their children's safety were often (although not invariably) different from those of referrers, contact centre staff and, indeed fathers. However, when women's fears are placed in the context of broader research about domestic violence, child protection and post-separation violence their perspective is validated, rather than undermined by this evidence.
- There were many cases that available research about promoting children's recovery from the impact of domestic violence, suggests should have had more exacting levels of vigilance, or where no contact or indirect contact would have been more appropriate.

9.2 Violence and the need for vigilance

The combined aspects of the research contribute to understanding of the ways in which safety may currently be compromised, placing some women and children in danger or prejudicing their welfare. A number of factors appeared to contribute to varied, and sometimes diametrically opposed, perspectives on safety amongst research participants.

Non-resident fathers often argued forcibly that contact arrangements had been moved to centres on the basis of false allegations of domestic violence and little corroborative evidence. On the other hand, resident mothers frequently pointed out that the secrecy of domestic violence created significant disadvantages for them and their children. The invisibility of domestic violence is easily, if inadvertently reinforced at particular points within the contact process:

- Firstly, denial of violence, together with the difficulty in producing evidence of a nature convincing in either the criminal justice or family proceedings arena means that, from the outset of sorting out contact arrangements, women may find it difficult to have their needs or those of their children taken seriously.
- Secondly, if there is no screening for domestic violence by referrers, or this is effected in a diffident manner, it is likely that many women will lack confidence about being open about their experiences and the effects of abuse on themselves and their children. Even where there is more robust screening and initial assessment, the significance, and therefore threat of violence can be minimised. This may then lead to referrals containing only partial information .
- Thirdly, where centres do not themselves interview mothers and fathers and actively screen, then further opportunities may be lost to address significant safety issues and the level of vigilance required.
- Fourthly, once attending a contact centre, not all staff and volunteers involved with a family may be familiar with the family history, including that of domestic violence. This is exacerbated where there is a high turnover of staff and/ or volunteers. If a history has never been fully known or where the full force of this is attenuated over time, it becomes easy to focus on the presenting behaviour of men and women, rather than understanding its context. Violent men are not always easy to identify and can appear plausible and charming. In contrast women's manner can be characterised by anxiety and protectiveness and mistakenly interpreted as implacable hostility, particularly if they are unwilling to consider moving on. In this process, mothers can be seen as the fly in the contact ointment, and fathers the victims of unreasonable behaviour.
- Children are, in turn, affected by this process. They are more likely to be believed if they are in favour of contact, and more likely to be seen as influenced by their mothers if they are reluctant. Their own issues in relation to their experience of living with domestic violence can be correspondingly neglected.

9.3 Summary and key points

This chapter has taken the research findings from the earlier sections and drawn out themes which have created confusion in understanding what constitutes safe arrangements for children and their mothers (and some fathers) where domestic violence is an issue:

- Different professional perspectives over the definitions and expectations of supervised and supported contact; definitions of domestic violence and what level of domestic violence should limit contact or lead to no contact; the safety features expected in supported and supervised centres; the role of staff in assessment work.
- Disparity between the views of referrers, centre staff, mothers and fathers in their expectations and experience of using contact centres.
- Lack of adequate information and inadequate assessment.
- The contested nature of what counts as evidence of domestic violence and the ways in which this affects decision-making, assessment and treatment which follows from this.
- Lack of resources, particularly in relation to supervised contact, can mean that contact arrangements are determined by what is available rather than on the basis of an assessment of risk and safety.
- Lack of resources also creates problems with staffing levels, the physical environment and other safety features such as interviewing, staggered arrival times and observation.
- Confusion created by these differing views and lack of resources erodes thresholds in relation to supported, supervised and no contact.
- The seriousness and significance of violence and abuse and subsequent attention to safety can be attenuated at successive points in the contact process.

SECTION 10: KEY QUESTIONS AND ISSUES OF RELEVANCE TO THE DEVELOPMENT OF POLICY AND PRACTICE FOR CHILD CONTACT IN THE CONTEXT OF DOMESTIC VIOLENCE

10.0 Introduction

The process of arriving at contact arrangements is complex, often contested and involves a number of professionals, as well as parents and children themselves. This research found that in a significant minority of the contact arrangements studied, the well-being and safety of children and women was compromised. It suggested a number of policy and practice areas for further consideration, if safe and positive contact is to be promoted for children that is also consistent with the safety of women (or men) who have suffered domestic violence. In addition, it illustrated the need for well-orchestrated and comprehensive initiatives that combine policy guidance, practice tools, the development of existing provision, the provision of new services and training and support.

This concluding section draws out key points for consideration in the following areas: aspects of the legal and policy context; active screening for domestic violence; safety assessments; levels of vigilance at child contact centres; the range of contact options; and support and training.

10.1 The legal and policy context

As described in Section 2, this research was conducted against the backdrop of significant changes in the legal and policy context of child contact, new case law, guidelines and reports. This included:

1. The guidelines *Good Practice on Parental Contact in Cases Where There Is Domestic Violence* (Lord Chancellor's Department, 2001), which incorporates a number of detailed recommendations in relation to safety.
2. *The Experts' Report* by Sturge and Glaser (2000, p.617) which provides a framework for assessing the potential benefits and risks of direct child contact. This report emphasised the continuing safety needs of the child and mother, the attention to the child's wishes and feelings, and recognised that direct contact was not always beneficial for children.

3. The Court of Appeal judgements *Re L; Re V; Re M; Re H* [2000] 2 FLR 334 which upheld decisions made in the lower courts not to grant direct contact to fathers where there had been previous domestic violence. A key feature of these judgements appeared to be the weight placed on knowledge about the links between domestic violence and its impact on the child, rather than the severity of violence.
4. *National Association of Child Contact Centres Protocol for Referral of Families by Judges and Magistrates to Child Contact Centres* (undated). This protocol, for affiliated supported and supervised centres, emphasises that the low vigilance nature of supported contact needs to be recognised when referrals are made to a centre.
5. The Advisory Board on Family Law Children Sub-Committee Report to the Lord Chancellor, *Making Contact Work* (Lord Chancellor's Department, 2002), re-iterates that discussions about enforcement should be informed by knowledge about domestic violence.
6. Principles or guidelines for future practice may also arise from the investigation into the murder of Georgina McCartney. This is currently the subject of inter-departmental discussion and may provide further principles to guide practice where domestic violence is an issue, including the ramifications for child contact.

Taken together, these developments underline the need for an assessment of safety when child contact is being considered in the context of domestic violence. This approach to child contact questions the benefits of direct contact under all circumstances, and challenges the strong pro-contact stance that has characterised the last twenty years of legal intervention in this field.

Whilst this shift provides the basis for a more coherent approach to making child contact arrangements, a question remains about whether this can be fully effective without a change in primary legislation, the Children Act 1989. The recent consultation exercise by the Lord Chancellor's Department, *The Question of Parental Contact in Cases Where There Is Domestic Violence* (Lord Chancellor's Department, 1999) favoured guidance and training, rather than legislative change. A major obstacle remains in the difficulty women face in providing corroborative evidence sufficient for a court finding of domestic violence. Where evidence is scattered across a range of agencies (police, social services, housing, health, education, voluntary sector agencies) women may need time and advocacy to assess their situation.

Recent research from Women's Aid (Saunders, 2001) indicates that guidelines and policy change, legal judgements and increased awareness of domestic violence, its impact on children and the negative implications for post-separation contact, have so far been less than effective. Research also suggests that the widespread referral by courts and solicitors of families where domestic violence is an issue, to low vigilance, supported contact centres, is not consistent with the current guidelines and case law listed above. Nor is the pressure to move on from these relatively protective arrangements to more independent arrangements.

- **A key question remains about whether the guidelines and associated training will be an effective strategy in shifting legal and welfare practice in relation to ensuring safety in child contact arrangements where there is domestic violence.**

10.2 Screening for Domestic Violence

Research indicates that active and routine screening for domestic violence raises professionals' awareness of domestic violence, reveals its incidence and allows for more effective consideration of safety issues (Hester and Radford, 1997). While court welfare officers in this study said that they screened for domestic violence, this was not the case in all contact centres. Screening is only effective when a range of supporting practices are also introduced. If consistency is to be promoted and screening established as an integral part of professional practice, this research raises the following questions:

- **Will protocols, training and guidance on the implementation of systematic screening be provided to all CAFCASS Officers?**
- **It is possible to ring-fence resources to develop this safety strategy?**
- **Is it possible to issue guidance to relevant professional bodies representing legal professionals, to ensure that comprehensive information is provided by them in relation to screening for domestic violence by other professionals including contact centre staff?**

10.3 Assessment of Safety

Safety assessments provide an essential foundation for practice in the area of domestic violence. Three inter-related dimensions to safety assessment are critical: safety planning in conjunction with adult survivors, who are usually, though not always, women; risk assessment for domestic violence perpetrators; and safety planning with children. The need for comprehensive safety planning that addresses the needs of women and children before and after, as well as during, contact is recognised within the Lord Chancellor's Department guidelines (2001).

The role of assessment in ascertaining non-resident parents' (often fathers') motivation for child contact, attitudes to past violence and attitudes to the impact of violence on former partners and children has also been emphasised in policy guidelines. Although, comprehensive assessment criteria have been developed both through the Domestic Violence Intervention Programme and currently through the Home Office Crime Reduction Programme, risk assessment for perpetrators of domestic violence is not widespread:

- **How can the adoption of the 'Safe Contact Project' (which includes a perpetrator programme, parallel women's support programme and supervised contact centre and is provided in partnership with CAF/CASS) be extended and developed?**
- **How can comprehensive risk and safety assessments incorporate proper attention to domestic violence without courts being overwhelmed with contested cases returning to them?**
- **How can Home Office tools currently being developed to support safety planning be integrated within professional policies and practices and disseminated to professionals within the child contact arena?**

A distinct finding from this research was that children were frequently not consulted about, nor enabled to explore their complex wishes and feelings about contact arrangements. Consultation with children takes time, particularly if they are living with the impact of long-term domestic violence or there are continuing risks:

- **Can there be greater provision of independent support, advice and advocacy for children, available throughout the process of parental separation and arrangements for contact?**

10.4 Levels of vigilance

The research indicated that there is widespread confusion amongst and between judges, court welfare officers, contact centre co-ordinators and parents over the terminology of supervised and supported contact. It would appear that these concepts obscure rather than clarify different levels of contact. They also fail to encompass the range of services involved in supporting child contact arrangements.

Rather than trying to define supervised and supported, it may be more effective to instead adopt terminology that clarifies levels of vigilance, as indicated in NACCC guidelines and work in other countries as follows:

- ***High vigilance contact*** – at least one worker per family dependent upon the size of the family; observation which is close enough to hear conversations; contact worker intervenes to support child if it is necessary; a wide range of mechanisms to support safety; paid sessional workers with appropriate training.
- ***Medium vigilance contact*** – high ratio of workers to families but not necessarily one to one. Observation at all times, but not necessarily close enough to overhear all conversations; a wide range of mechanisms to support safety.
- ***Low vigilance contact*** - Several families at once; several volunteers facilitate sessions; volunteers receive training and support; a ‘watchful eye’, rather than close observation of families; generally no reporting to referrers; no court reports prepared.

Both court welfare officers and co-ordinators have acknowledged that moving all families who have been inappropriately referred to low vigilance, supported contact to high vigilance contact is not a solution. There are currently few resources for high vigilance contact and this form of contact should be undertaken with a specific short to medium term focus. Many cases where there are high levels of risk associated with domestic violence and child abduction will never be in a position to ‘move on’ to less vigilant arrangements. They may therefore be more suitable for no contact or indirect contact

orders, and care needs to be taken not to push women and children into potentially more dangerous situations of independent, unsupported arrangements:

- Any raising of the standard for high vigilance contact, as defined above, implies increased consideration of no contact or indirect contact orders

10.5 The range of contact options and service delivery

All those involved in the contact process raised issues about the quality and effectiveness of services. A major impediment to safe contact arrangements at the present time is the limited range of contact options in some regions and the difficulties of securing adequate long term funding. Some of the centres involved in the research provided a broad range of services including: re-introduction/assessment when a non-resident parent has not had a relationship with the child; risk assessment; assessment for the court alongside high vigilance contact; occasional high vigilance, 'identity' contact; hand-over facilities. However, this was not possible in all centres, nor is it the case nationally. The development of a full range of services may ease the pressure on the courts and increase the information that is available to support decision-making in this area. Other services may not be directly related to contact, but their availability provides indirect support to the contact process. This research has raised particular concerns about the needs of high numbers of black and minority ethnic families using some contact centres. There is an urgent need to consider:

- **Availability on a regional basis of appropriately professionally qualified and trained staff to undertake contact assessments within a venue that meets the minimum requirements of a high vigilance contact centre.**
- **Development to ensure the consistent availability of high, medium and low vigilance contact (with corresponding safety features and staffing levels) on a locality/regional basis.**
- **Paid co-ordinators to meet minimum standards of contact provision, for example to ensure adequate screening of referrals, pre-contact interviews, professional liaison etc.**
- **Services that are culturally sensitive, with availability of funding for interpreters and accessible information for children, mothers and fathers.**

The evaluation of the Australian contact services demonstrated that where legal and welfare services were available in centres, this greatly enhanced the support for the child contact service (Strategic Partners 1998). These included counselling services for children, women and men; parent support sessions; play sessions for parents and children; information and support on legal issues; mediation services; referral and access to services for mental health, substance abuse and perpetrator programmes; support for indirect contact.

10.6 Training

The translation of policy ideals into practice realities is likely to be dependent on the provision of training and staff support, and this will form an essential dimension of any future development of co-ordinated child contact services. This research has shown, that despite concerted attempts to raise awareness of domestic violence and its impact on children, it is nonetheless the case that women's safety concerns are often marginalised or interpreted as implacable hostility. This reinforces the need for continued training, not just to raise awareness of the impact of domestic violence and its links to child abuse, but to enhance intervention skills. Against this background the following are considered immediate priorities:

- **The development of training materials on issues raised by child contact in the context of domestic violence.**
- **The dissemination of materials through CAFCASS, NACCC, Domestic Violence Forums and bodies accredited to provide family law training.**
- **The provision of dedicated funding to NACCC to enable specific training to be given to all contact centre co-ordinators, workers and volunteers on:**
 - **Issues raised by child contact in the context of domestic violence**
 - **Screening for domestic violence**
 - **Safety assessments**

10.7 Conclusion

The issue of child contact and safety has been, and is likely to remain, contentious and emotive. Making arrangements for child contact in the context of domestic violence and other child welfare concerns is characterised by attempts to reconcile the important principle of promoting a child's relationship with a separated parent, with recognition of the damaging consequences of domestic violence for women and children. The evidence from this research project suggests that this has resulted in a proliferation of ambiguities and uncertainties about levels of vigilance that compromises the safety of some women and children. Despite recent policy changes and new guidelines, these difficulties have yet to be overcome. Finding a way forward will require the co-ordinated development of services, training and support, and the active involvement of parents and children who live with the effects of violence.

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