



PAN DORSET INTER-AGENCY SAFEGUARDING PROCEDURES

CHAPTER 3

3.14 DOMESTIC VIOLENCE

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If you have any comments or queries about the pan-Dorset procedures please contact your agency representative on the Pan Dorset Policy and Procedures Group or notify the LSCB using the following email addresses:

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Bournemouth, Poole & Dorset Safeguarding Children Boards

Safeguarding Children Domestic Violence & Abuse Procedures, Policy & Practice Guidance

1. INTRODUCTION

The issue of children living with domestic violence and abuse is now recognised as a matter for concern in its own right by both Government and key Children's Services agencies. Domestic violence and abuse has been recognised nationally as having a significant impact on both individuals and families, including affecting a parent's ability to care for his/her children. Domestic violence and abuse has a direct and indirect impact on the lives of children and young people and the links between domestic violence and abuse and child protection are well documented:

- A study published in 2006 by the NSPCC and the Body Shop estimated that nearly a million children in the UK are living with domestic violence. Among victims of child abuse, 40% report domestic violence in the home (UNICEF 2006)
- In 25% of cases of domestic violence the male partner is also violent to the children
- Two thirds of the refuge population in England are children. At least 20,000 children stay in refuges each year and half of these are aged under 5
- Domestic violence is a significant factor in serious case reviews. In the 2003-05 study, two thirds of cases considered had domestic violence, mental health or substance misuse as a significant factor. In the 2007-08 study, 30% of the cases studied had domestic violence as a significant factor (Study of Serious Case Reviews & Child Deaths 2008)
- Nearly three quarters of children (over 750,000) on local "at risk" registers live in households where domestic violence occurs (DOH 2003/Women's Aid)
- Domestic violence is a factor in two thirds of cases where children have been killed or seriously injured (Analysis of Serious Case Reviews 2003-05). 29 children in 13 families in England and Wales were killed by abusive fathers during contact visits between 1994 and 2004 (Women's Aid 2004)

From January 2005, the legal definition of harm to children was extended to include the impairment suffered from seeing or hearing the ill treatment of another (S120 Adoption and Children Act 2002). This amendment was in response to evidence that children can suffer serious long term damage through living in a household where domestic violence and abuse takes place, even though they themselves have never been directly harmed. From October 2006, statutory guidance was issued which included this definition as part of the emotional abuse category where a child is suffering or likely to suffer significant harm.

2. PURPOSE

The purpose of this Procedure, Policy & Practice Guidance on domestic violence and abuse is to:

- Raise awareness amongst professionals in Dorset, Bournemouth and Poole about domestic violence and abuse in relation to safeguarding children.
- Set out single agency and interagency roles and responsibilities when working with families where there is domestic violence and abuse.
- Ensure that there is an appropriate and safe response to children and their non abusing parent by professionals involved in safeguarding children.

This guidance should be read in conjunction with Chapter 2 of the Inter-agency Safeguarding Procedures – Managing Individual Cases in Bournemouth, Dorset and Poole.

3. UNDERLYING PRINCIPLES

The underlying principles of any intervention for children living with domestic violence and abuse, which all professionals are expected to adhere to, are that:

3.1 The child's safety is paramount:

In situations of domestic violence and abuse where the child's needs are in conflict with the wishes of the adult victim, protecting the child/ren is paramount. Child protection enquiries in such cases must include an analysis of the possible reasons for this conflict from the adult victim's perspective, which may be the result of threats from the abuser or a difficulty in acknowledging the gravity of the situation. However the child's safety should not be compromised by these enquiries.

3.2 Children should be protected and supported:

It is important that support for children is made available in order for them to recover from their experiences. Both individual and group work with children living with domestic violence and abuse and its aftermath can help children understand what has happened to them and their carers, to overcome the negative impact of living with abuse, and to move on with their lives. There are support services available for children via the refuges but these are neither comprehensive nor securely funded. However support for older children presents particular risks as they may not be able to access refuge support services as readily as younger children. Referrals to CAMHS will be made in accordance with locally agreed protocols. CAMHS provide consultation and support to other professionals, including refuge staff.

3.3 The non abusing parent should be supported to protect themselves and their child/ren:

When there are concerns about the safety of children, supporting the victim is important in order to prevent further harm to them and the child/ren. Professionals should utilise those times when the abuser is in custody/prison or out of the home to engage and work with the family, as this may be an important opportunity for the victim and any children involved to reassess the situation and change the direction of their lives. This is a period when sustained work should be attempted, not a period of withdrawal. However, professionals need to be able to judge any potential risks that such interventions may produce: i.e. be aware if the perpetrator's return to the home is imminent and also bear in mind that it is not unknown for perpetrators to hide within the home when professionals are visiting.

With the exception of the provision of safety, the most valuable task for agency workers in response to domestic violence and abuse is to provide the victim with information. Victims should be informed about risks, how to contact local services, including outreach and refuge and the Police Domestic Abuse Units. Provision of leaflets, cards or bookmarks should be made routinely and practitioners should have these available in their individual workplaces. (Local and national information is attached at appendix 1)

Where the non abusing parent is identified as being at high risk of harm using the CAADA DASH risk assessment a referral to the MARAC should be made (appendix 2)

In any work with the non-abusing parent, professionals should be aware of vulnerable adult protection policies and services (see 7.8)

3.4 The abusive partner should be held accountable for their violence and be provided with opportunities to change:

Where an abusive male partner is willing to acknowledge his violent behaviour and seeks help to change, this should be encouraged and affirmed. Such men should be referred to appropriate programmes, which work to address the cognitive structures that underpin controlling behaviours, where these are available and meet Respect (the national association for professionals working with people to end their abusive behaviour www.respect.org) standards. Professionals should avoid referring to anger management, as this approach does not challenge the factors that underpin the abusive partner's use of power and control. (Details on local perpetrator programmes available are in appendix 3)

3.5 Information should be shared safely and appropriately to protect children:

Practitioners need to be aware of the need for confidentiality and sensitive handling of victims' personal information. Practitioners should take every precaution to ensure that information is not shared inappropriately to cause further harm, distress or abuse to the victim. Ideally the victim's consent should be obtained before any information is passed on. However, there may be situations where gaining consent is not appropriate or safe. There will also be situations, e.g. where a child's safety is involved where information has to be shared without the consent of the victim.

The need to share information about children in need of protection overrides confidentiality. Although families living with domestic violence and abuse have a

right and a need to expect confidentiality from professionals, this will be compromised where there are children involved as all agencies have a statutory duty to pass on information regarding their safety to Children's Services-Social Care. (Section 11, Children Act 2004- Duty to co-operate and share information).

The specific circumstances and living situation of the non abusing parent and children need to be considered. Professionals receiving information about domestic violence and abuse should ensure that the child/ren and their non abusing parent's safety are not compromised. The dangers associated with breaches of confidentiality can be extreme. Practitioners should be aware that perpetrators often go to elaborate lengths to track victims down e.g. obtain information on the whereabouts and movements of ex-partners who have left them, including impersonating social workers and police officers, and care should be taken to avoid inadvertently passing on information which could compromise the safety of a victim or their children e.g. a contact telephone number or address. Information on high risk victims should be shared through the MARAC process see appendix 2) Consideration should also be given as to whether a shielding request within ContactPoint is appropriate.

Accurate documentation and record keeping have an important role in responding to domestic violence and abuse and may provide cumulative evidence of abuse. It is therefore imperative that all agencies record their contact and any allegations made and any injuries seen. If abuse is suspected but not disclosed/admitted by the victim any injuries seen and the account for them should also be recorded.

3.6 Professionals dealing with children are appropriately informed and trained:

Raising awareness about domestic violence and abuse is a first step towards its prevention. Professionals working with all families, children and young people need to be alert to signs of domestic violence and abuse and have the appropriate level of knowledge, understanding, skills and abilities to deal with it. When any assessment is being undertaken the possibility of domestic violence and abuse should be considered. Early intervention and preventative work should always be initiated and this may be facilitated by the CAF process. Professionals have a responsibility to consult with colleagues in other agencies if they have concerns and to make a referral where appropriate. (Information about training available can be found at appendix 4)

4. CONTEXT

4.1 Definition

Domestic violence or abuse is not a specific criminal offence and there is no statutory definition of it. It is a general term to describe a range of abusive behaviour, which may be criminal or non-criminal. The cross-government definition based on that developed by the Association of Chief Police Officers (ACPO) is:

“any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults, aged 18 and over, who are or have been intimate partners or family members, regardless of gender and sexuality” (family members are defined as mother, father, son, daughter, brother, sister and grandparents, whether directly related, in-laws or step-family)

This definition incorporates abuse between family members as well as adults in intimate relationships. It also includes abuse that may result from the actions taken (criminal or non-criminal behaviour) by the members of a family to protect the perceived standing of the family within the community (so called honour based violence (HBV), as well as forced marriage and female genital mutilation.

Anyone can experience domestic violence and abuse and people can suffer regardless of their social group, class, age, race, religion, disability, sex or sexuality. Domestic violence and abuse occurs in a wide range of relationships and does not always involve physical violence. It is acknowledged that domestic violence and abuse can occur in both heterosexual and same-sex relationships but research confirms the gender bias of abuse towards women, particularly in relation to high risk victims.

Domestic violence and abuse is typified by the perpetrator exercising some form of control or misuse of power over the victim and by the escalation in severity of behaviour and effects over time. It is recognised that the long term effects of emotional abuse or psychological violence may be more damaging than physical violence alone. Whatever forms the violence or abuse takes, the effects can be devastating and costly not just for the victim but their children, work colleagues, family and friends. Long-term and repeated violence, abuse and victimisation can have serious and long lasting effects on the victim's mental and physical health, including loss of self-esteem, anxiety, guilt, stress, depression and death (from suicide or murder). The cumulative effects of domestic violence and abuse can be severely debilitating, lead to drug and alcohol misuse and can adversely affect a woman's ability to care for her children.

4.2 Terminology

The terms domestic violence and domestic abuse are used jointly throughout the Procedures, Policy & Practice Guidance to reflect the fact that abusive behaviour can be more than physical violence and encompass mental, financial, sexual, emotional and psychological abuse as well.

The term non abusing parent is used to reflect the fact that men can be abused and in some cases may be the parent caring for the children.

4.3 Impact on Children

Domestic violence and abuse is also identified within the Every Child Matters outcome framework as a cause of vulnerability in children which has a negative impact on children's ability to achieve their full potential across all five outcomes. The majority of victims of domestic violence and abuse are women aged between 16 and 35 and they frequently have children living with them. Research evidence shows that children experiencing domestic violence and abuse can be negatively affected in every aspect of their functioning, safety, physical and mental health and well being, school attendance and achievement, economic wellbeing and emotional development. The effects may continue into adulthood affecting their ability to form peer friendships and healthy partner relationships of their own. In the most extreme cases, children are at risk of serious injury or death as a result of domestic violence.

For many children experience of living with domestic violence and abuse is often the underlying factor in other needs for which they come to the notice of services and individual organisations and many have domestic violence and abuse as one feature in chaotic lives. Involvement with crime, antisocial behaviour and prostitution in later life can be an outcome.

Domestic violence and abuse is an important indicator of risk of harm to children. Children are likely to be at risk of actual physical, sexual and/or emotional abuse from perpetrators of domestic violence and abuse. Witnessing violence can have a detrimental impact on children, tantamount to emotional abuse or psychological maltreatment. Children can 'witness' domestic violence and abuse in a number of ways other than seeing and hearing incidents and experience some or all of the following:

- Hearing the perpetrator verbally abuse, humiliate, intimidate and threaten violence
- Hearing the adult victim's screams and pleas for help
- Observing bruises and injuries sustained by the adult victim
- Witnessing the adult victim being taken to hospital by ambulance
- Experiencing unexpected and/or frequent moves due to the adult victim's attempt to secure safety for themselves and their children
- Trauma from loss of their homes, friends, toys, personal belongings and pets if forced to move house
- Observing the perpetrator being removed and taken into police custody
- Being used as pawns or spies by the perpetrator in attempts to control the adult victim
- Being forced to participate in the abuse and degradation by the perpetrator
- Being physically injured as a result of intervening in an assault or by being accidentally hurt whilst present during a violent assault
- Being directly abused by the perpetrator as part of the abuse of their carer
- Older children may assume, or have to assume, an increased responsibility in attempts to protect or shield mother/father-if victim and/or siblings
- Developing a belief that the violence is their fault or feeling to blame
- Loss of self esteem
- Fear, distress and isolation

There is also recognition that young people can be involved in their own abusive relationships (NSPCC report 2009 – Partner Exploitation and Violence in Teenage Intimate Relationships) and an increasing awareness of young people (particularly males) perpetrating domestic abuse on their parents.

4.4 The impact of domestic violence and abuse on unborn children

It is estimated that 30% of domestic violence and abuse begins or escalates during pregnancy and this presents clear risks to both the health of the mother and that of the unborn child. Domestic violence and abuse has also been identified as a prime cause of miscarriage or still-birth, premature birth, foetal psychological damage from the effect of abuse on the mother's hormone levels, foetal physical injury and foetal death. In addition the mother may be prevented from seeking or receiving proper ante-natal or post-natal care. If the mother is being abused this may affect her attachment to her child, more so if the pregnancy is a result of rape by her partner.

4.5 Diversity & Equality

Domestic violence and abuse occurs across all boundaries, regardless of age, gender, race, ethnicity, sexuality, social class, HIV status, nationality, or disability. Practitioners should recognise and understand the diverse needs of victims, some of whom may already be marginalised in society.

Consideration should be given to the provision of specialist information about the needs of victims with disabilities and also those for whom English is not their first language. Provision of information on tape, in Braille or in other languages should be enabled if possible. It is also helpful to signpost victims to websites and other support information (see appendix 1).

4.6 Forced Marriage & Honour Based Violence (HBV)

Children and young people can be subjected to domestic abuse perpetrated in order to force them into marriage or to 'punish' them for 'bringing dishonour on the family' within some cultural groups. Whilst honour based violence can culminate in the death of the victim, this is not always the case. The child or young person may be subjected over a long period to a variety of different abusive behaviours ranging in severity. The abuse is often carried out by several members of a family and may, therefore, increase the child's sense of powerlessness and be harder for professionals to identify and respond to.

5. FAMILIES WITH ADDITIONAL VULNERABILITIES

Domestic violence and abuse is a complex problem often involving the interrelationship of factors such as:

- Child abuse
- Mental health issues
- Deprivation and social exclusion
- Alcohol and/or substance misuse
- Homelessness and housing issues

It is crucial that there is a multi agency approach to safeguarding children whose welfare is at risk through domestic violence and abuse, as outlined in Working Together (2010 para 9.17 – 9.26)

All professionals should understand the following issues that children and their non abusing parent may face, and take these into consideration when trying to help them:

5.1 Culture

The culture amongst some communities means that it is often more difficult for women to admit to having marital problems. This is because a failed marriage is often seen as being the woman's fault, and she will be blamed for letting down the family's honour. In some cultures, a woman may not be in a position to divorce her husband. If the husband does not want to comply with this, he can prevent giving a religious divorce to his wife (see section on honour based violence and forced marriage).

5.2 Immigration Status

Children and their mothers may have an uncertain immigration status, which could prevent them from accessing services. The mother may also be hesitant to take action against her partner for fear of losing her right to remain in the UK. In some cases, women have received threats of deportation from their partner or extended family if they report domestic violence and abuse and have had their passports taken from them. Similarly, children may have had their passports taken away from them and may fear that they and/or their mother could be deported if they disclose domestic violence and abuse in the family.

5.3 Language / Literacy

Children and their non abusing parent may face the additional challenge to engaging with services if English is not their first language. Where interpreters are needed, care should be taken to ensure that the interpreter chosen is acceptable to the victim. When working with these children and families professionals should use professional interpreters who have a clear CRB check; it is not acceptable to use a family member or friend, and members of the extended community network should also be avoided wherever possible.

5.4 Temporary Accommodation

Many families live in temporary accommodation including refuges. When a family moves frequently, they may be facing chronic poverty, social isolation, racism or other forms of discrimination and the problems associated with living in disadvantaged areas or in temporary accommodation. These families can become disengaged from, or may have not been able to become engaged with, health, education, social care, welfare and personal social support systems or access to employment.

5.5 Disability

Children and/or non abusing parents with disabilities may be especially vulnerable in situations where the abuser is also their primary carer, and some refuges may lack appropriate facilities to respond to their particular needs. The British Crime Survey and research by Women's Aid (2009) consistently shows that disabled people (and in particular women) are much more likely to experience domestic violence and abuse than non disabled people.

5.6 Social Exclusion

Children and their families may also face additional vulnerabilities as a result of social exclusion. The British Crime Survey indicates that people who are currently on a low income and/or not owning their own home are more likely than those on a higher income and/or homeowners to have experienced incidents of domestic violence and abuse. This can include women with no recourse to public funds. Lesbian, gay, bisexual and transgender people may also be especially vulnerable, and issues such as shame, stigma, mistrust of authority (particularly the police), fear of having children taken away because of incorrect stereotyping, "outing" etc can lead to the abuse or violence being hidden and unreported. There are also issues around safe havens for transgender people and their children, and some women's refuges may not accept men who have not fully transitioned.

5.7 Substance misuse and mental ill health

Mothers who experience domestic violence are more likely to use prescription drugs, alcohol and illegal substances as a means of coping with the abuse they have suffered. For a mother experiencing domestic violence, alcohol and drugs can represent a wide range of coping and safety strategies. Mothers may have started using legal drugs prescribed to alleviate symptoms of a violent relationship. Mothers may turn to alcohol and drugs as a form of self-medication and relief from the pain, fear, isolation and guilt that are associated with domestic violence and abuse. Alcohol and drug use can help eliminate or reduce these feelings and therefore become part of how she copes with the abuse.

Mothers can also be coerced and manipulated into alcohol and drug use. Abusers may often introduce their partner to alcohol or drug use to increase her dependence on him and to control her behaviour. Furthermore, any attempts by the mother to stop her alcohol or drug use are threatening to the controlling partner and some abusive men will actively encourage mothers to leave treatment. The double stigma associated with being both a victim of domestic violence as well as having a substance use problem may compound the difficulties of help-seeking, particularly for black and minority ethnic mothers.

Mental health problems such as depression, trauma symptoms, suicide attempts and self-harm are frequently 'symptoms of abuse' and need to be addressed alongside the issues of substance use and domestic violence and abuse. The relationship between a mother's alcohol and drug use and/or mental health problems and her experiences of domestic violence and abuse may not (or not all) be linked. Assessment and interventions for these mothers therefore need to be conducted separately, although as part of the same care plan, and at the same time.

Men who abuse may use their own or their partners' alcohol or drug use as an excuse for their violence. An abusive partner may threaten to expose a mother (or teenage girl)'s use. He may be her supplier and he may increase her dependence on him by increasing her dependence on drugs. Despite the fact that alcohol, drugs and violence to women often coexist, there is no evidence to suggest a causal link. In addition, no evidence exists to support a "loss of control caused by intoxication" explanation for violence - research and case examples show that abusive partners exert a huge amount of power and control regardless of intoxication. Even when physical assaults are only committed whilst intoxicated, abusive partners are likely to be committing non-physical forms of abuse when sober. It should never be assumed that by working with an abusive partner's substance use the violent behaviour will also be reduced. In fact, the violence may increase when substance use is treated. Similarly, it should not be assumed that treating a domestic abuser's mental ill health will necessarily reduce their violent behaviour – again, the violence may increase. Therefore, work with an abusive partner should comprise separate assessments and interventions for violence, substance misuse and/or mental ill health. The intervention outcomes are more likely to be positive if the violence, substance use and/or mental ill health are addressed at the same time.

5.8 Sexual Exploitation

Mothers in abusive relationships are also at risk of sexual exploitation. Mothers working in prostitution may be subjected to domestic violence and abuse through their relationship with their 'pimps'; these relationships will invariably be based on power, control or the use of violence.

Procedure

6. Multi Agency responses

Professionals will work with many women who are experiencing domestic violence and who have not yet disclosed. Research suggests that women usually experience an average of 35 incidents before reporting it to the police. It is recognised good practice that professionals should offer all children and women, accompanied or not, the opportunity of being seen alone (including in all assessments) with a female practitioner, and asked whether they are experiencing or have previously experienced domestic violence. However, it is acknowledged that locally this can be difficult to achieve.

Professionals in all agencies are in a position to identify or receive a disclosure about domestic violence. Professionals should be alert to the signs that a child or mother may be experiencing domestic violence, or that a father / partner may be perpetrating domestic violence.

Professionals should never assume that somebody else will take care of the domestic violence issues. This may be the child, mother or abusing partner's first or only disclosure or contact with services in circumstances which allow for safeguarding action.

Professionals must ensure that their attempts to identify domestic violence and their response to recognition or disclosure of domestic violence do not trigger an escalation of violence.

In particular, professionals should keep in mind that:

- The issue of domestic violence should only ever be raised with a child or mother when they are safely on their own and in a private place; and separation does not ensure safety, it often at least temporarily increases the risk to the child/ren or mother.

If there is concern about the risk of significant harm to child/ren, then every professional's overriding duty is to protect the child/ren. This may include a referral to Children's Services-Social Care which should follow the guidance in Chapter 2 of the Bournemouth, Dorset & Poole Interagency Safeguarding Procedures.

Information from the public, family or community members must be taken sufficiently seriously by professionals in statutory and voluntary agencies. Recent research evidence indicates that failure to do so has been a contributory factor in a significant number of cases where a child has been seriously harmed or died.

Risk of violence towards professionals should be considered by all agencies who work in the area of domestic violence and abuse and assessments of risk undertaken. It is acknowledged that intimidatory or threatening behaviour towards professionals may inhibit the professional's ability to work effectively. Thus the importance of effective supervision and management is highlighted and agencies should take account of the impact or potential impact on professionals in planning their involvement in situations of domestic violence and abuse.

7. SINGLE AGENCY RESPONSES

7.1 Police

When a police officer deals with a domestic incident where children are present or normally reside in the household, a copy of the domestic violence form (DV/1) is completed in all cases. All information and relevant history must be recorded fully on the DV/1 by the attending officer and passed to the domestic abuse office before the end of the tour of duty. The Police attending the incident will inform the adults involved that as children are (or normally are) residing or spend significant time there on contact/other visits, information relating to the incident will be forwarded to the appropriate Children's Services-Social Care Department (in Bournemouth and Poole this information is also passed to education and health). The police officer must document on the DV/1 that the adults are aware of this process. The domestic abuse office will inform the Children's Services-Social Care office within 24 hours, or the first working day of receiving the DV/1. The CAADA DASH risk assessment is completed with the victim at the scene or time of reporting to the police. The police will look to share this information and that on the DV/1 with other agencies. In the case of very high-risk victims, the police will make a referral to the MARAC.

The Police must take all reasonable steps to safeguard the welfare of the adult victim and children. Removing the abuser from the home should be considered, unless the safest option is to assist the victim and child/ren to a place of safety. Dorset Police Force policy (2006) requires that an attending officer must take positive action when responding to and investigating incidents of domestic violence and abuse. This means that where a criminal offence is disclosed and the power of arrest exists, then that power should normally be exercised. Officers must be prepared to account for their actions if they do not make an arrest in those circumstances.

The officer will record visible injuries and encourage the victims to seek medical assistance. Digital photographs of injuries (with due regard to cultural sensitivities and the dignity of the individual) and the scene of an incident are to be obtained. Evidence gathered at the scene is vital and good quality photographs are an essential part of any prosecution. They would also help in the assessment of risk posed to any children. Police officers will also provide victims with information about help available to them.

At Child Protection Conferences the police will provide information about all reported domestic violence and abuse incidents.

7.2 Children's Social Care

Referral procedures under existing **Pan Dorset Interagency Safeguarding Children Procedures** apply and Children's Social Care must consistently record and **actively consider** all notifications of incidents involving domestic violence and abuse.

Emergencies or incidents of domestic violence and abuse where children are present in the household will often involve the police, and the police will complete a Children & Young Person at risk form DV/1 and CAADA DASH risk assessment. Children's Services-Social Care may already have been alerted to the incident where there are immediate concerns for any children. This includes the Out of Hours Service. On notification of an incident, the minimum response must be to consult existing social care records and check whether a CAF has

been completed and to consider what else is known about the family where other professionals are known to be involved from universal or targeted services

A decision about the most appropriate course of action must be made by the manager, according to locally agreed agency protocols.

The evaluation will be based on a consideration of information and factors such as:

- The degree of injury sustained to the adult
- Where the victim is pregnant and there is a risk of injury to the unborn child
- Whether a child is injured
- Whether a child is involved and not injured
- Whether a child is in the house
- The emotional impact on the child / adult
- The age of the child / children
- The number of previous incidents and their severity
- Previous MARAC's with current or previous partner
- Whether parties involved are separated or separating
- Whether there are any other attributing or associated factors e.g. substance misuse, mental health, vulnerability (parent or child)
- Police information regarding significant offending history of the adults e.g. previous assaults, use of weapons, drug and alcohol related offences.

Following a consideration of the initial information against agency protocols, a decision may be taken to record the incident in the client record system (RAISE/ICS) as a contact only. The decision in this case may therefore be no further action.

Where the threshold for taking a referral is met, further information will be gathered and this may include contacting the victim, where appropriate, and liaising with the Police domestic abuse teams. Advice maybe given to the victim regarding services.

Within 24 hours of the receipt of the referral a decision will be made on the basis of the information gathered whether to proceed to an initial assessment. Each case will be considered on its own merit, using the risk factors outlined and any other agency protocols. Referrers to Children's Services- Social Care should not automatically expect that there will be an initial assessment but Children's Services- Social Care must inform the agency / professional making the referral of the decision. Where the threshold for an initial assessment is met this will be undertaken in accordance with the "Framework for Assessment of Children in Need and their Families" (2000). The Child must be seen and if of sufficient age must be spoken to.

If earlier notifications have not led to an initial assessment, on receipt of the third DV/1 within a 12-month period contact will be made with other agencies (e.g. police, education, health) to discuss their involvement and to consider an appropriate course of action. Generally, an initial assessment will be undertaken. However if each conflict is verbal, and of a minor nature the Children's Services social care assessment team may decide not to proceed to an Initial Assessment. The responsible manager must clearly record on the case file the reasons why an initial assessment was not undertaken. In these cases any of the agencies consulted may request further discussion or a review of this decision.

Contact with a family for the purposes of completing any assessment should be done with care and sensitivity in order to avoid exposing the non-abusing adult and the children to the risk of further harm-especially when that contact is not face to face. This includes checking with the referrer and / or agencies that are working with the family about the best way to contact them and when the alleged abuser is most likely to be absent. When any contact is made with the adult victim, information concerning support services and legal options must be offered and be available.

As part of an Initial Assessment a child/ren must always be seen and where the age of the child is appropriate the views of the child must also be sought. Reasons for not obtaining the child's views must be discussed with a manager and the reasons recorded.

If during the initial assessment more information is obtained, which raises concerns which reach the threshold for child protection, a strategy discussion must be held and where the outcome is that a s.47 enquiry should commence, a core assessment must be started.

Where the initial assessment identifies complex or additional needs a core assessment may be required. Where a Core Assessment and S.17 response is made, a Child In Need Plan should be agreed and actioned.

Consideration must be given to working with the perpetrator, in line with the child in need/child protection plan, challenging the behaviour and assessing their understanding of the impact of their behaviour on the children. It is critical that the implications for the social worker's personal safety and for that of the victim are considered within risk assessments.

Factors which are likely to suggest that a Section 47 (Child Protection Enquiry): should be considered are:

- Previous child protection concerns
- A child/ren witnessing serious assault
- A significant domestic violence incident involving a child/ren – either child threatened (at risk of injury from violence) or directly injured
- A repeated pattern of referrals / escalation of domestic violence and abuse incidents where there is significant risk harm to the child/children
- Previous MARAC with current or previous partners (whether victim or perpetrator)
- Clear injury to a child would automatically instigate a Section 47 Enquiry and core assessment, unless the child is no longer at risk.

The Child protection Conference

The following are additional procedures to be followed in conjunction with Chapter 2 of the Inter-Agency Safeguarding Procedures

Where a Child Protection Conference is to be held the Police Domestic Abuse Coordinators (Community Safety / Public Protection Unit) should be asked to provide all information of reported domestic violence incidents in relation to the family in question. All regular pre-conference checks should be carried out in line

with procedures i.e. Schools, Probation Service, Education Welfare, Health / GP and any other agency known to be involved with either the children or adults.

All professionals involved with the family, including adult services, probation, health, advocates and voluntary sector services, should be invited to the initial child protection conference. If unable to attend, they should be asked to provide a report.

A CAADA DASH risk assessment should have been completed and any additional assessments must be undertaken regarding risks posed by the abuser/ offender to the child/ren and any risks that their attendance at the conference might pose to the non-abusing parent children and professionals present.

It is the responsibility of the allocated social worker to discuss the reasons for the conference and the conference process with the non-abusing parent and ascertain their views regarding the participation of the abusing adult.

The social worker must discuss with the Chair of the Conference, in advance of the conference, if the working process of a Child Protection Conference is likely to be compromised because the non-abusing parent feels unable to share information or participate, or has safety fears. Consideration must be given to excluding the abusing parent from all or part of a meeting. This decision is the responsibility of the Chair of the Conference, who will record the reason in the conference record. The Chair of the Conference will also consider how the views of the adult perpetrator will be sought regarding the children for whom they have parental responsibility, and will make arrangements for the abusing adult to be informed of the outcome of the conference.

The Family Law Act 1996 gives greater powers to permit, in certain circumstances, removing the abuser from the home in order to protect children and this should be considered as part of the of a Child Protection Plan, or before this point if necessary. Consultation with the legal department to use these powers or other orders will be necessary

7.3 Health

The Department of Health (Domestic Violence: A resource manual for Health Professionals, 2000 – updated Dec 2005) states that ‘all health care professionals have the opportunity and responsibility to identify people who are experiencing domestic violence and abuse and to take steps to empower those women to get help and support. Early intervention can prevent an abusive situation becoming worse and the level of violence becoming more intense’.

The specific health consequences of domestic violence are numerous. They can range from psychological effects to physical injury and death. Domestic violence and abuse often starts or escalates during pregnancy.

Living with domestic violence and abuse also has a psychological impact on those involved, and has been compared to living under hostage/terrorism situations. There is a clear link between domestic violence and abuse and mental ill health, with most researchers suggesting that abuse – both in childhood or adult life – is often a precursor of and a causal factor in the development of mental health issues, including depression, post-traumatic stress disorder and self-harming behaviour. This association also appears to hold cross culturally.

Additionally, a variety of negative coping strategies may be employed, including alcohol and substance misuse.

The health service has a dual role when dealing with domestic violence. Firstly, it is the source of care for many of the injuries of victims and survivors, providing both immediate and long-term care. Secondly, since there is near universal contact with the Health Service, the NHS provides a key route to identification, risk assessment and appropriate health and other support for those experiencing domestic violence and abuse, including their children.

If Health professionals, including GPs, Midwifery, Practice Nurses, Health Visitors (HV) and School Nurses (SN), Paediatricians Accident & Emergency Staff, become aware of domestic violence and abuse within a family they should listen to the victim and take them seriously. The safety of any children in the household and the implications of domestic violence and abuse for them should be discussed. Any injuries should be logged, (photographed if possible, by medical photography or forensic photography but NOT with a mobile phone) and questions should be sensitively asked about how they were received.

The need to safeguard the welfare of the child/ren is paramount. Where child/ren are in the household the Health professional should establish how/where the child/ren were and how they are affected. The emotional impact on children may be difficult to assess but may manifest as adjustment problems resulting in withdrawal, depression, anxiety, difficult behaviour, parent child conflict, low self esteem, attachment problems etc. Where children are involved the parent/carer should be informed that the matter will be discussed with the Safeguarding Children Adviser (Health) and their advice sought. If the child/ren are considered to be suffering, or are likely to suffer, significant harm a referral will be made to Children's Social Care (formerly SSD). If domestic abuse is suspected but denied any injuries should be recorded and consideration should be given to a referral to Children's Social Care.

GPs have a responsibility to alert other health professionals and /or social care where an adult patient who is a parent/carer/partner raises concerns in relation to domestic violence and abuse. As a minimum GPs should check whether the adult patient has children or children who visit the home and where a decision is made NOT to make a referral to Children's Social Care, the reasons for this should be recorded on the patient record and cross referenced onto the child's record. Additionally, GPs should consider whether a referral may be appropriate under the Protection of Vulnerable Adults Guidance (see 7.8)

In Bournemouth and Poole only

The police will distribute DV1 forms to health professionals via the B&P Community Health Service Safeguarding Children department who will alert other Health Professionals and other health trusts in the area as appropriate.

Upon receipt, the DV1 form will be read, assessed and passed on to health visitors. If they are assessed as 'high' staff will be contacted by phone. Health visitors will share the referral with GPs, school nurses and midwives as appropriate.

Health professionals will transfer this information to the child and family records. Any concerns will be discussed with their Safeguarding Children Supervisor and

appropriate action agreed. This includes considering a referral to Children's Services-Social Care.

If it is decided that a support visit is needed then contact will be made with other agencies to ascertain their level of intervention and to consider joint visits if appropriate, or to agree who will undertake a support visit in order to avoid duplication of intervention. Following a visit any outcomes or actions taken will be passed to the relevant agencies.

The health professional will discuss the information with all other health professionals' including the GP who may be involved with the child. The GP should ensure this information is recorded on the notes of the non abusive parent and child and that this information is also recorded in a safe and coded manner on the perpetrator's notes (ie this information may be significant if the perpetrator establishes another relationship).

If the health professional is aware that a child involved is being seen in a secondary or tertiary care setting and that the information could be relevant to the secondary care management they should ensure that the information is passed on to whoever is providing secondary or tertiary care.

7.4 Probation

Dorset Probation Area (DPA) should follow their Domestic Abuse Policy and Guidelines for staff as far as it aligns to national instructions / policy for NOMS.

Offenders known to the Probation Service are assessed as to whether they pose a risk of causing serious harm to others. The likelihood of domestic abuse is an important aspect of this assessment. If any offender presents a risk of serious harm a referral will be made for consideration under the MAPP, MARAC or the DVLA and a multi agency meeting may be convened.

Some offenders may, themselves, be victims of domestic violence and abuse and they should be assisted to protect themselves and any dependents.

Perpetrators under the supervision of DPA are monitored, their behaviour is challenged and they will be referred to the Integrated Domestic Abuse Programme (IDAP) as appropriate. The focus of supervision is protecting the victim and any dependents, preventing further offending and changing established patterns of thinking and behaviour.

Those perpetrators required to attend the IDAP will be required to provide details of partners so that the Women Safety Worker can make contact with partners. WSW support to victims is a key part of the Probation's public protection remit. The WSW will liaise directly with police, offender managers, programme staff and Children Services in order to provide safety planning options and manage the risk to partners.

Probation offender managers will liaise with the relevant Children's Services-Social Care (through the assessment team if appropriate) where it is known that there are children in the family of an offender and offenders are known to be perpetrators of domestic abuse.

In addition to the usual child protection procedures, where a convicted domestic violence and abuse perpetrator is attending the IDAP programme and is living with or having regular contact with children, the Probation Offender manager will send a notification form to Children's Services-Social Care assessment team. The purpose of the notification should be made clear e.g., notification only, information seeking, or making a referral.

7.5 Youth Offending Teams

When working with young offenders, the Youth Offending Worker must check the Children's Services-Social Care Department IT systems to access to any information that would have a bearing on the work that is carried out with the young person.

7.6 Children and Family Court Advisory and Support Service (CAFCASS)

Where a Family Court Adviser is asked for a welfare report under section 7 of the 1989 Children Act in relation to a disputed application for contact and/or residence in a household or family in which domestic violence and abuse is a feature, an assessment must be made regarding the harm the child/ren have suffered or are at risk of suffering if contact is ordered. The report should include an assessment of whether the child/ren and resident parent's safety can be secured, before, during and after contact. Particular efforts should be made to ascertain the wishes and feelings of the child/ren in the light of domestic violence and abuse allegations. In each case, children should be interviewed in a manner consistent with their age, developmental needs and understanding.

Family Court Advisers should be informed by the court prior to their assessment if a Finding of Fact concerning domestic violence has been made. It may be advisable for reporters to confirm this in such cases. In addition, Family Court Advisers have a duty to advise the Court if they believe that a Finding of Fact Hearing would be appropriate because of allegations of domestic violence and abuse.

Where allegations of domestic violence and abuse are involved and the whereabouts of the child/ren and resident parent are not known to the parent seeking contact, but are known to the court and the Family Court Adviser, it is vital that the court makes directions designed to ensure that the welfare report does not reveal their whereabouts, either directly or indirectly. In addition, CAFCASS has a general duty to respect this. It may also be appropriate for responsibility for a welfare report to be allocated to an office away from the area where the children and the resident parent are living in order to avoid detection of their whereabouts.

In deciding whether to recommend contact in their report to court, the family court adviser should take into account the welfare checklist in section (1) (3) of the 1989 Children Act. The court, when considering whether or not to grant contact, will take into account details on whether or not it will be supervised/supported, by whom and how. Any contact must minimise the risk of harm to the child/ren and ensure the safety of the child/ren and resident parent, before, during and after contact. In making an assessment, the Family Court Adviser will make appropriate use of the CAFCASS Domestic Violence Toolkit and safety planning documents. In cases where there is agreement between the parties and there is a background of domestic violence the Family Court Adviser will act to carefully scrutinize the agreement in terms of safety and protection.

All referrals to CAFCASS will initially be screened by a Service Manager in terms of possible safeguarding issues. In all Private Law cases where there are allegations of domestic abuse the Local Authority will be notified that CAFCASS is involved with the family. Where the arrangements for the child/ren currently prevent the risk of exposure to harm, or that risk is being managed during the course of CAFCASS' work, no formal referral will be made at that stage. Where the outcome of the court application results in contact and residence arrangements that resolve issues satisfactorily, excluding the risk of future exposure to harm as a result of witnessing or experiencing domestic abuse, the Local Authority will be notified that CAFCASS' involvement is at an end and no referral is being made. Where ongoing concerns remain and the child/ren require assessment as to services needed then a formal referral will be made, usually accompanied by a CAF. If the child/ren have suffered harm or are considered to remain at risk of harm a Child Protection referral will be made. The court, the children where appropriate and their families will be informed of the steps CAFCASS will take. In cases of Child Protection referrals there may be specific reasons not to do this although the Court will always be informed of actions taken.

Whenever a Court requires a Section 7 Report and the Local Authority Children's Services-Social Care are working with the child/ren and their family, the Local Authority shall ordinarily undertake the reporting requirement in order to avoid agency duplication.

In Section 31 applications, Adoption Proceedings and any other Public Law Proceedings the Family Court Adviser must be aware of any relevant Domestic Violence issues in their assessment.

7.7 Schools and Education Support Services

Education support services and schools have no statutory responsibility for protecting adults who have experienced or are experiencing domestic violence and abuse. However, they do have a duty under the Children Act to assist Children's Services-Social Care (formerly SSD) acting on behalf of children in need or enquiries into allegations of child abuse. Further, Section 175 of the Education Act 2002 placed a statutory duty on Local Authorities, schools and further education institutions to make arrangements for carrying out their functions with a view to safeguarding and promoting the welfare of children. The same duty is imposed on Independent Schools through s157 of the Education Act 2002

Every school is required to have a child protection policy in place and a named Senior Designated Person within the school that has specific responsibility for child protection issues. Many children and young people in schools and youth settings will be experiencing or witnessing domestic violence and abuse within their immediate family. Many young people may be in relationships where they are already experiencing violence or abuse.

Staff in the Education Service who have direct contact with children and families should be aware of the significance of domestic violence and abuse on the lives of children and young people. Staff should not only be alert to signs of physical abuse but also the emotional impact on children. Schools and educational establishments are a major point of contact for children and their parents/carers. Schools can have more contact with school-aged children than any other professional or agency. Schools also have a role to play in reminding the

community that domestic violence and abuse is a crime and can display information about sources of help available locally for women and children.

Where Children's Services social care are undertaking an initial assessment or undertaking a child protection investigation, the social worker will communicate with the school's designated member of staff and a named representative within education.

If child protection concerns are raised then a referral should be made to the appropriate. See Chapter 2 – Bournemouth, Dorset & Poole Interagency Safeguarding Procedures.

If a child/ren has transferred schools due to the family experiencing domestic violence and abuse, care should be taken in relation to revealing the new location of the school to the perpetrator. However relevant information about the child should be shared by the school's Designated Senior Person with the appropriate figure in the new school to ensure the overall well-being of the child is safeguarded. If the whereabouts of the child and adult victim of abuse are not known, the Education Welfare Officer/ education Social Worker should be notified and agreement reached about attempts to establish where the child is and how information will be passed onto the relevant local authority and or school. In cases where families move areas due to domestic violence and have difficulty in securing a school place the Education Welfare Officer should intervene to ensure that these children have access to education.

In Bournemouth and Poole only

The Police will forward a copy of the DV form to named persons in Children and Young Peoples Integrated Services (CYPIS) Poole and Childrens Learning and Engagement (CLE) Bournemouth. The information will be flagged on the respective data bases so that all education professionals are aware of the DV. CYPIS/CLE will share this information with the Designated Senior Person for child protection and also the Head Teacher (where s/he is not the DSP) No-one from the school should speak with the child or young person unless this is agreed with the parent or as part of an agreed multi agency plan. SCHOOL TO BE ADVISED TO BE AWARE OF NEED FOR CONFIDENTIALTY AROUND THE DETAILS ON THE DV FORM – ADDRESSES MAY NEED TO BE KEPT CONFIDENTIAL

7.8 Adults Services

A significant finding described in "Analysing child deaths and serious injury through abuse and neglect: what can we learn?" DCSF 2008 is that where domestic violence prevailed in cases subject of a serious case review, this very often coexisted with other problems in the family such as substance misuse and mental health. The conclusion being that this continues to be a major challenge for (Adult) provider services in terms of early identification and that agencies who have contact with the adult members of the family have a key role to play. Therefore this protocol should be read in conjunction with the Adult Mental Health, Substance Misuse and Child Care Protocol. Therefore when practitioners are working with adults who have a child caring responsibilities they need to ensure that the children are included in any holistic assessment when the adult mentions as part of history gathering:

- History of domestic violence or convictions for violent offences
- Disordered thinking about partner
- Obsessive/controlling behaviour towards partner and/or children
- Expressing fears or intent to harm partner and/or children
- Known use of or availability of weapons (carries a knife /owns or access to guns)
- Describing behaviours which could suggest harassment or stalking
- The heightened risk to a pregnant partner or a partner who is threatening to or has recently left the family home

Therefore it is essential that a client's relationship with their partner is explored as part of the professional assessment and intervention.

Adult Protection:

In respect of Domestic Violence, consideration should also be given to the level of vulnerability of the Adult experiencing domestic violence. Currently the definition of Vulnerable Adult is as follows:

"The individual is or may be in need of *Community Care Services* by reason of mental or other disability, age or illness

And

Is or may be unable to take care of himself or herself

Or

Is unable to protect themselves against significant harm or serious exploitation"
(*"Who Decides"* - Lord Chancellor's Office, 1997 and *"No Secrets"*, 2000)

If it is felt that the person experiencing Domestic Violence does or may fall in line with this definition then a referral to Adult Social Services should be made under the Pan Dorset Adult Protection Policy to raise an "alert". This will then be further screened and acted upon in line with the policy. Work will be undertaken in liaison with all relevant parties with the intention of safeguarding where possible this adult against significant harm, abuse or neglect.

7.9 Housing Departments

There follows general references to housing law and policy relating to victims of domestic violence and abuse. Local policies and priorities may differ.

Many victims do not leave their violent partners because they believe there is nowhere else to go. They may also return to violent partners due to inadequate housing arrangements. There are, in fact, several options available and they can:

- Obtain a court order "Occupation Order" under the Family Law Act 1996 to remove the perpetrator. Women who are concerned about their immigration status should seek advice from the Immigration Advisory Service before taking legal proceedings.
- Staying with family or friends – the Council should be informed immediately that this has resulted in homelessness. Migrants to Britain should contact the Immigration Advisory Service before contacting the housing department.

- Women's Refuge – referrals can be made via Samaritans, CAB, the Police, Children's Services-Social Care or Women's Aid, and some accept self referrals.
- Privately rented or bought accommodation – the victim should be eligible to claim Housing Benefit for rented housing.
- Traveller Liaison Officers within Housing Departments can be contacted for advice and availability of caravan sites within the area. This may include information on private sites renting caravans or private letting agencies. Rented caravan accommodation qualifies for housing benefit.

Councils have a duty to arrange housing for anyone who is homeless, in priority need and is not intentionally homeless (Housing act 1996, Part VII, as amended by Homelessness Act 2002). Local councils have a duty to advise/assist the homeless and provide temporary accommodation.

Homelessness applies when:

- A person tries to live in their accommodation they may be at risk of violence from someone living in it.
- The person has no accommodation they can lawfully occupy.
- The person's family members who normally live with them are forced to live separately from them because they have no accommodation they can occupy together.
- The person has accommodation but cannot occupy it i.e. illegally evicted or is forcibly prevented from occupying it.
- Priority needs which may apply in the domestic violence and abuse context.
- The person is vulnerable as a result of fleeing violence.
- The person has children living with them or who would normally live with them.
- The person is pregnant or has someone living with them who is pregnant.
- The person is 16 or 17yrs old who is not a relevant child or a child in need to whom the LA owes a duty under S20 of the Children Act 1989
- The person or anyone who lives with them is vulnerable due to old age, or mental or physical disability. Councils sometimes accept that single women fleeing violence are in priority need if they are vulnerable.

Housing Associations have no legal duty to house the homeless, but may be able to offer a tenancy earlier than the local authority.

The Department of Environment Code of Guidance on Homelessness states that local authorities should respond sympathetically to situations where violence has not yet occurred, but it is feared. If a woman is living in a refuge, she should be

treated as homeless. If she has gone to stay with friends or relatives, she may still be regarded as homeless.

Where a local authority has reason to believe the victim may be homeless and may have a priority need, they have a duty to offer temporary accommodation whilst investigating the case. Homeless victims are entitled to apply to any council, irrespective of any local connection. The council may refer the victim to an authority where there has been a previous connection. However, such a referral should not be made if a move to that area would renew the risk of domestic violence and abuse.

Professionals should advise victims to record the violence experienced before going to the Housing Department, or in the event of literacy difficulties assist the victim to do this, as it may be difficult to remember details in an interview. If victims have supporting evidence such as a social worker's/doctor's report or letter, an occupation order, an injunction or a Police report, they should take these with them when applying to the Housing Department.

If a Housing Officer has received information to suggest that either an adult or a child maybe vulnerable due to domestic abuse they should consult with Children's Services - social care or Adult Services in line with inter-agency safeguarding procedures and adult protection procedures

Appendix 1

Appendices
SOURCES OF HELP AND SUPPORT FOR VICTIMS

Specialist Domestic Violence Services

Outreach

Dorset Women's Outreach Project (DWOP) covers the West of Dorset County
Freephone 0800 5877480

Bournemouth Women's Helpline 01202-547755. Confidential 24hour Helpline with
refuge and outreach facilities for women and families.

Poole Domestic Violence Project 01202-710777.
Dorset new countywide service to be added (starts 1 July 2010)

Refuges

Bournemouth 01202 547755
Poole 01202 748488 (can take male victims)
West Dorset 01305 262444
North Dorset 01747 858555

Dorset Police Domestic Abuse Teams

Weymouth	01305 226547
Ferndown	01202 226089
Bournemouth	01202 222046
Poole	01202 227835

Dorset Police non emergency contact number 01202/01305 222222
For an emergency response the police should always be contacted via 999.

Other Services

There is also a range of other organisations in Dorset who will be able to support victims
as part of their work. These include:

Victim Support 01202 606200
Relate (Bournemouth, Poole & Christchurch) 01202 311231
Relate (Dorchester) 01305 262285
Rape Crisis Line 01202-547445. 24 hour answer phone line offering confidential
support to woman and girls who have been raped or sexually abused.
Family Matters 01202 311231

Social Services (Bournemouth, Poole & Dorset) out of hours 01202 657279

Borough of Poole: Children and Families

14A Commercial Road, Poole, BH14 0JW Tel:01202-735046

Borough of Bournemouth: Children’s Services-Social Care

New Century House, 24 Christchurch Road, Bournemouth, BH1 3NL Tel: 01202 458000

Dorset County Children’s Services-Social Care

Bridport:	01308 422234	Purbeck:	01929 553456
Christchurch:	01202 474106	Dorchester:	01305 221450
Ferndown:	01202 877445	North Dorset:	01258 472652
Weymouth/Portland:	01305 760139		

You Trust Dorset First Point

First Point is a Dorset County floating support service which aims to prevent homelessness and provide support to vulnerable people aged 16-65. Referrals can be made by agencies including Social Services, Housing, CAB and drug and alcohol services.

Contact: 0845 310 6843

StoP – Supports mothers of children who have been sexually abused

PO Box 4493, Boscombe, Bournemouth, BH1 4YZ Tel: 01202 773667
(24 hour answer phone, answered Monday and Tuesday 10.30-12.30)

National Support

24 Hour Helplines

National Domestic Violence Helpline 0808 2000 247
The Men’s Advice Line 0808 801 0327 (male victims)
Respect (for perpetrators) 0845 1228609
The National Centre for Domestic Violence (NCDV) (free legal advice & help with obtaining injunctions) 0844 8044 999

Childline 0800 1111

Useful national websites can be found at

<http://www.dorsetforyou.com/index.jsp?articleid=337063>

Appendix 2

Multi-Agency Risk Assessment Conferences (MARAC)

MARACs deal with the adult domestic violence victims identified as being at highest risk of serious harm. The risk assessment process, MARAC procedures (including referral) and standards for operating MARAC meetings have been developed by CAADA (Coordinated Action Against Domestic Abuse) which is a national organisation supported by the Home Office. Issues relating to children e.g. conflict over child contact; pregnancy and perception of harm to children are key indicators of risk in the CAADA risk assessment process. Thus a substantial number of victims who become MARAC cases have children (although many do not).

The aim of the MARAC is to:

- Share information to increase the safety, health and well-being of victims and their children.
- Determine whether the perpetrator poses a significant risk to any particular individual or the general community.
- Construct and implement a risk management plan that provides professional support to all those at risk and that reduces the risk of harm.
- Reduce repeat victimisation.
- Improve agency accountability.
- Improve support for staff involved in high risk domestic violence cases.

The responsibility to take appropriate action rests with the individual agencies – the MARAC is the process through which information is shared.

Independent Domestic Violence Advisors (IDVAs)

MARACs are adult victim centred and intended to reduce risk and prevent murder. Victims referred to the MARAC are supported by IDVAs. The IDVA's role is to:

- Work only with very high risk victims identified by the police
- Represent the victim at the MARAC
- Offer the victim practical, legal and emotional support to guide them through their options
- Support victim through the criminal justice process, including attending the Specialist Domestic Violence Court (SDVC) if required
- Work with other agencies to ensure that actions agreed at the MARAC are carried out through the MARAC action plan

In Dorset County there are two full time IDVAs and a 30 hours per week project leader provided by Bournemouth Churches Housing Association (BCHA).
Bournemouth & Poole IDVA service details to be added

Risk Assessment & How to Refer to the MARAC

Any agency can refer a victim's case to the MARAC by following the procedure below:

1. Complete the CAADA DASH risk assessment form. 14 ticks or more meets the MARAC threshold and the case should be referred.
2. Complete the MARAC referral form.
3. Send the risk assessment form and MARAC referral form (by secure fax or secure E mail) to the MARAC coordinator

If the case does not meet the MARAC threshold consider other support you may need to give the victim and signpost to other specialist services.

It should be noted that DASH isn't a full risk assessment for children and doesn't replace any safeguarding processes already in place

Dorset MARAC Contact Details

Contact details for help, advice and guidance on the MARAC process including making a referral are listed below.

Chair DI Kevin Lansdale Kevin.lansdale@dorset.pnn.police.uk (01305 226510)

Coordinator ElaineTaylor Elaine.taylor@dorset.pnn.police.uk

Advice DS Nigel Cullis Nigel.cullis@dorset.pnn.police.uk (01202 226186)

Bournemouth MARAC Contact Details TBC

Poole MARAC Contact Details TBC

General Information About the MARAC & Risk Assessment

CAADA has produced a very good toolkit which contains more detailed information on the MARAC. A copy of this has been supplied on the training.

For more information please visit the CAADA website www.caada.org.uk

The MARAC DASH risk assessment form and referral form along with links to the CAADA website can be found at

<http://www.dorsetforyou.com/index.jsp?articleid=1002591>

Appendix 3

Perpetrator Treatment Programmes

There are currently no established perpetrator programmes, other than those for high risk convicted offenders via the Probation Integrated Domestic Abuse Programme.

Dorset Change in conjunction with NSPCC are currently (as at May 2010) running a pilot treatment programme for male perpetrators of domestic violence and abuse for Dorset cases. Continuation or development of this programme will depend on the evaluation and further funding becoming available.

Appendix 4

Training Courses

1. Domestic Violence Awareness (full day)

For details of awareness courses in Dorset County contact Nicola Pengelly (n.pengelly@dorsetcc.gov.uk). Dates and course details can be found on <http://www.dorsetforyou.com/index.jsp?articleid=357222>

Awareness courses provide a short input on the impacts of domestic violence and abuse on children but do not cover the subject in any detail

2. Safeguarding Children/Child Protection Matters (two day)

A short input on domestic violence and children is included on the courses running in Bournemouth, Poole and Dorset

3. MARAC Awareness (half day)

For details of MARAC awareness training courses in Dorset County contact Nicola Pengelly (n.pengelly@dorsetcc.gov.uk).

ACRONYMS	
MARAC	Multi Agency Risk Assessment Conference
CAADA	Coordinated Action Against Domestic Abuse
LSCB	Local Safeguarding Children Board
CPS	Crown Prosecution Service
CAF	Common Assessment Framework
DPA	Dorset Probation Area
NOMS	National Offender Management Service
MAPPA	Multi Agency Public Protection Arrangements
DVLA	Domestic Violence Liaison Arrangements
IDAP	Integrated Domestic Abuse programme
WSW	Women's Safety Worker for IDAP
YOT	Youth Offending Team
YISP	Youth Inclusion Support Panel
CAFCASS	Children & Family Court Advisory & Support Service

Appendix 6

**INTER-AGENCY DOMESTIC VIOLENCE POLICE REPORT (DV1)
SAFEGUARDING CHILDREN NOTIFICATION PATHWAY BOURNEMOUTH & POOLE**
(This pathway relates to Bournemouth & Poole only, Dorset will develop their own)

