



**Suffolk Safeguarding  
Children Board**

**Guidance for dealing with  
Domestic Violence and  
Incidents of Domestic Abuse  
Where Children are Members  
Of the Household**

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Version Number: 5

**This guidance has been issued to complement the statutory guidance contained in ‘Working Together to Safeguard Children From Harm’ and must be used when dealing with referrals relating to domestic incidents and abuse where children are members of the household where an incident has taken place, or are likely to be affected.**

## **Context**

The Government defines domestic abuse as

*‘An incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members regardless of gender or sexuality.’*

The legal definition of significant harm to children was extended in January 2005 to include harm suffered from seeing or knowing of the abuse of another, particularly in the home. This was reinforced by the Adoption and Children Act 2002. Working Together identifies a range of behaviours that may result from living in an environment of domestic abuse. It is therefore essential that staff dealing with investigations into the abuse of children should be mindful of the possibility of domestic violence in all their assessments and how this impacts on the child and the parent subject to abuse.

Research indicates that domestic incidents are rarely a single occurrence and most reported incidents would have resulted from a range of controlling and abusive behaviours and previous unreported abuse. It is essential all staff dealing with referrals understand this, as this is the key to the enquiries they will make at the first and subsequent points of contact with a child and its family.

All Suffolk SCB partners and organisations working with children and their families should have a domestic abuse policy and procedures in place for responding to allegations of domestic abuse. Staff need to understand what is required of them if children are members of the household.

The policy should include action to be taken regarding referrals to the Police and Children and Young People’s Services and any action to be taken where a member of staff is the alleged perpetrator or victim of domestic abuse.

## **Circumstances Likely to Result in Higher Levels of Risk**

The following should be given due weight when considering referral or response to referral:

- Women are particularly vulnerable when they are pregnant
- Households where there are non-mobile babies and children under 5 or children with a disability should also be considered as particularly vulnerable.
- Those who are involved with a partner who has a history of violence will be at increased risk.

- Parents under the age of 18 years should always be considered as high-risk particularly when records indicate they have themselves lived in households of domestic violence.

Risk should consider to be increased:

- Where property is damaged
- If victim requires medical attention
- If the incident is serious but the victim does not want to pursue a complaint to the police.
- Where the incident is serious and the victim remains in a relationship and is not protective to children

Any incidents should always be treated seriously regardless of the victim's response to the concern. Secrecy and under-reporting is a significant issue and attempts to minimise or deny any previous incidents are indicators of greater risk

Separation from a violent partner does not guarantee safety and can significantly increase the risk to women and children. This must be considered when making enquiries. Non-consent of the victim should never prevent enquiries or protective action being taken on behalf of a child.

### **Threshold for Referral Direct to Children & Young People's Services (CYPS)**

Supporting a non-violent parent will usually be the most effective way of promoting a child's welfare. This support may be available without making a referral to CYPS if the non-violent parent gives consent to a referral to the CAF process, or in some other way. In any event it is important to ensure that this support is underpinned by skilled assessment and a properly considered and agreed plan of action. If in doubt, please discuss with Integrated Team Manager.

#### **A referral must be made direct to CYPS if it seems reasonable to suspect that:**

- (a) a child sees, hears, experiences or is otherwise aware of domestic abuse, ie that domestic abuse is part of their experience of family life. This applies regardless of whether they actually witness any particular event or are physically harmed, and
- (b) the non-abusing parent will not be able – for whatever reason – to ensure the safety and well being of their child without significant professional assistance and support.

Practitioners should always anticipate denial by the victim and be prepared to not accept that this is the case. Non-consent should not be a barrier to referral if there is, on the face of it, reasonable cause to suspect that the child may suffer significant harm or otherwise not have significant needs met.

A disclosure or allegation by a victim is not a pre-requisite for referral of concerns regarding a child. Concern about the effects of domestic abuse on a child may be triggered in other ways – for example, by hidden or inadequately explained injuries to

a parent or carer, or damage to the home or personal property, or by the behaviour of parents, or concerns expressed by the child, or concerns about the child's well being. Again, if a professional suspects domestic abuse they must refer.

In any event, a referral must be made direct to CYPS if there is reasonable cause to suspect that the child is suffering or is likely to suffer significant harm, or they are a child in need as defined by Section 17 of the Children Act 1989.

Practitioners who refer concerns about domestic abuse should be mindful of the Appendices provided in this document regarding risk assessments. This is designed to enable them to be aware of, and so far as possible to provide, the sort of contextual information that will facilitate more detailed assessment and ensure an appropriate response.

### **Response to Initial Referrals where children are present or usually part of the household**

Most referrals to the local authority are received from the Police on an '848' referral form. Police supervisors will ensure the 848 contains appropriate details of the incident and circumstances to assist in determining what action should be taken to deal with the referral. Any risk identified by the DASH (Domestic Abuse, Stalking and Harassment risk assessment) completed by the police should be shared with CYPS.

The 848s are emailed to Customer First where they are inputted onto the Social Care electronic recording system (ICS). Prior to being sent, the police will 'scale' these referrals as below.

- Scale 1: Severe risk of harm to children requiring immediate action initially by police in Section 47 joint investigations
- Scale 2: Risk of significant harm. High likelihood of Section 47 Joint/Single agency investigations.
- Scale 3: Information does not indicate risk of significant harm, but does indicate ongoing issues that may require further discussion, investigation and assessment.
- Scale 4: Information exchange.

Scale 1 and scale 2 referrals are sent directly to the relevant CIN teams (or where allocated to the allocated team) and the manager or senior practitioner within the team will have a strategy discussion with the police, where a joint decision is made about whether the case should be dealt with as S47 or not and if so if it should be a joint or single agency investigation. Police will check the Police National Database (PND), CIS, CATS and PNC. Polaris and VISOR will be checked if that becomes relevant during the discussion.

The vast majority of 848s are scaled as scale 3. If they are on allocated cases, they are directed to the relevant allocated team, where appropriate action is taken. A referral discussion with police is available to the team at this stage if they require it. All other scale 3s on unallocated children and young people are sent to the Access Team and will trigger a referral discussion with the police. The minimum police systems that are checked are CIS and CATS. Other systems will be checked if they

become relevant during the discussion. If, during the course of the referral discussion it becomes clear that the threshold is met for S47 enquiries, the Access Team will complete a strategy discussion, and this will be sent to the relevant CIN team with an open Initial Assessment.

Some 848s will be scaled at Scale 4. If they are allocated cases they are directed to the relevant team where appropriate action is taken. A referral discussion with police is available to the team at this stage if required. All other Scale 4s on unallocated children are sent to the Access Team for information and a management decision will be formulated. A referral discussion with police is available to the Access Team at this stage if they require it.

In all cases, initial consideration is given to Initial Assessment, usually within 24 hours. This may involve further information gained from health/education or other involved professionals or family members. Other possible outcomes are referral to other agencies, the provision of information and advice, including suggesting the completion of a common assessment or no further action.

In respect of domestic incidents where children are potentially affected, health are notified by police. The recipient of the referral within social care services, whether the allocated team or the Access team, would notify health and education where this is seen to be appropriate.

### **Action**

- A Section 47 enquiry should be considered where the information provided as a result of the referral and discussion with the Police or the initial assessment indicates that the child may be at risk of significant harm, or there have been a series of referrals or more minor incidents or domestic incidents.
- The victim should be given all appropriate information about safety options and immediate action taken to safeguard the victim and children if there is evidence of imminent risk of further harm. This is essential when the victim does not want to make a complaint to the police but does want assistance. This can be in addition to an initial risk assessment.
- Consideration should be given at this point to a referral to MARAC (See Appendix 1 & 2).
- If the offender has been arrested, wherever possible discussion about appropriate bail conditions will take place between CYPS and Police before the offender is released from custody.

## Outcomes

Information	Response	Who
<ul style="list-style-type: none"> <li>• First <i>reported</i> incident – minor, children not witnessed</li> <li>• Checks - minimal concerns</li> </ul>	<ul style="list-style-type: none"> <li>• Where appropriate the police will provide the victim with information and support.</li> <li>• Letter inviting contact with CYPS if the family want this and if appropriate</li> <li>• Notification to lead professional CAF/TAC</li> <li>• Continued monitoring of health/schools where they have received notification</li> </ul>	<p>Police</p> <p>Access Team CYPS</p> <p>Access Team CYPS</p> <p>Health/ Education</p>
<ul style="list-style-type: none"> <li>• First reported incident</li> <li>• Checks show concerns</li> </ul>	<ul style="list-style-type: none"> <li>• Consideration of CAF Assessment and provision of Support via Integrated Services</li> <li>• Initial assessment to be completed within 7 working days</li> </ul>	<p>Access Team CYPS</p> <p>Specialist Services CYPS</p>

		Who
<ul style="list-style-type: none"> <li>• Second reported incident where checks show some concerns (Child witnessed or not)</li> </ul>	<ul style="list-style-type: none"> <li>• Consideration of CAF Assessment and provision of Support via Integrated Services</li> <li>• Initial assessment to be completed within 7 working days</li> <li>• Consideration for Sec 47</li> </ul>	<p>Access Team CYPS</p> <p>Specialist Services CYPS</p> <p>Access Team/ Spec Serv CYPS</p>

	<p><b>POSSIBLE OUTCOMES OF INITIAL ASSESSMENT</b></p> <ul style="list-style-type: none"> <li>• This could result in no further action if the assessment outcome is no concern for the child/ren. It may also be further work is necessary either through Core Assessment, continued support or by escalating concerns to Sec 47.</li> <li>• Consideration should be given to liaising with Police/ IDVA to work with the victim on safety planning and advice.</li> <li>• Continued monitoring of other health and education professionals</li> <li>• Consider referral to MARAC (Multi agency risk assessment conference) for multi agency planning to best protect victim and families. Must not be in place of any child protection.</li> <li>• Step down to TAC following IA</li> <li>• If either parent in the household is in a position of trust, the LADO needs to be contacted for initial consideration</li> </ul>	
<div style="border: 1px solid black; padding: 5px; width: fit-content;"> <ul style="list-style-type: none"> <li>• Third reported incident within 18 months</li> </ul> </div>	<ul style="list-style-type: none"> <li>• IA to be completed</li> <li>• Consideration for S47</li> </ul>	<p>Specialist Services CYPS</p>

## **Appendices:**

**Appendix 1: What is a Multi-Agency Risk Assessment Conference (MARAC)**

**Appendix 2: MARAC Risk Assessment Tools**

**Appendix 3: What is IDAP, MAPPA, Caring Dads, Freedom Programme?**

**Appendix 4: Tools for Practitioners**

## **Appendix 1:**

### **What is a Multi-Agency Risk Assessment Conference (MARAC)?**

The main aim of the MARAC is to reduce the risk of serious harm or homicide for a victim and to increase the safety, health and wellbeing of victims – adults and any children. In a MARAC local agencies will meet to discuss the highest risk victims in their area and safety plan around that victim.

The safety of the children must be addressed via your existing CP procedures, although it will be reinforced by the information gained at MARAC. Information about the risks faced by those victims, the actions needed to ensure safety, and the resources available locally will be shared and used to create a risk management plan involving all agencies.

## Appendix 2:

### MARAC RISK ASSESSMENT TOOL



## Responding to Violence & Abuse in Suffolk

### Tools for Practitioners

### Guidance for Practitioners

Supported by  
Suffolk County Council  
Suffolk Constabulary  
Community Safety Partnerships in  
Babergh, Ipswich, Suffolk Coastal, Waveney,  
West Suffolk



# Tools for Practitioners/MARAC Guidance Summary

## 1.0 Introduction

- 1.1 *Tools for Practitioners* is a systematic process designed for agencies to use to respond to those experiencing all forms of domestic abuse including sexual abuse and 'honour' based violence. It is aimed to increase safety, to empower victims to consider other life choices and to identify the specific areas of risk for individual victims and their children
- 1.2 The Multi-agency Risk Assessment Conference (MARAC) process is now included as part of this systematic approach to form a coordinated range of protective interventions that can be applied in a multi-agency framework of measures.
- 1.3 These tools are aimed at women in response to established research indicating that the majority of victims are female, they have not been designed specifically to deal with domestic violence when:
- The man is the victim of abuse from a woman or male partner
  - It is domestic violence from other members of the family e.g. mother, father, siblings, and adult children.

Some good practice included here may apply, but further information would be needed to clarify the appropriateness of any action.

## 2.0 The Impact of Domestic Abuse on Adult Victims

*Practitioners should be prepared to expect denial and minimisation of experiences and incidents even when there is evidence to indicate an assault has taken place*

- 2.1 Work with those who experience domestic abuse in any form should aim to empower them in practical ways, and to acknowledge the imbalance of power that results from a perpetrator using violence/abuse usually against a partner or ex-partner.

Victims are often forced physically and emotionally to keep incidents secret:

- To avoid further violence and minimise the risk of harm to their child
- Believing disclosure and accepting help will make the situation worse
- Not defining their experiences as domestic abuse particularly if there is intermittent or no physical violence
- Believing the abusers excuses and assurances that it will not happen again and wanting the relationship to continue without violence

- 2.2 The way victims use strategies for survival are defined by their own experiences but some fears are common to many victims:

- Fear of the perpetrator, that the abuse will increase if they tell
- Fear that they (and their child/children) will never be safe and will have to hide forever
- Fear their child/children will be taken into care
- Fear that a practitioner may disclose a safe location
- Fear that they will not be believed
- Fear that they will be detained or deported
- Shame, embarrassment and self blame
- Being isolated from family and friends and/or prevented from leaving the home

### 3.0 The Impact of Domestic Abuse on Children

*The three central imperatives of any intervention for children living with domestic are:*

- *To protect the child*
- *To empower the parent, usually the mother, to protect themselves and their children*
- *To hold the abusive partner or ex partner accountable for their violence*

3.1 The impact of any form of domestic abuse has an effect on all aspects of a child's life but may vary according to the individual child's resilience, the strengths and weaknesses of their particular circumstances and will depend on:

- The severity and nature of the violence
- The length of time the child is exposed to the violence
- Characteristics of the child's gender, ethnic origin, age, disability, socio economic and cultural background
- The warmth and support the child receives in their relationship with their mother, siblings and other family members

3.2 The risks to children living with violence and abuse include:

- Direct physical or sexual abuse of the child
- The child being abused as part of a wider pattern of abuse
- Being used as pawns or spies by the abuser in attempts to exercise control
- Being forced to participate in abuse and degradation
- Hearing verbal abuse, humiliation and threats of violence
- Hearing (mothers) screams and pleas for help
- Observing bruises and injuries sustained during incidents
- Observing the abuser being removed and taken into police custody
- Witnessing/accompanying the injured parent to hospital
- Attempting to intervene in a violent incident and being physically injured intentionally or by accident
- Being unable or unwilling to invite friends to house
- Frequent disruption to schooling, social life and relationships from fleeing violence

*The possible presence of domestic violence and abuse should be considered with any child presenting with emotional and behavioural difficulties. Similarly to adults, as a strategy for survival, children will often try to deny or ignore that domestic violence is happening*

#### **4.0 The Impact of Domestic Abuse on Unborn Children**

- 4.1 In almost a third of cases domestic violence begins or escalates in pregnancy. It is associated with increased rates of miscarriage, premature birth, foetal injury and foetal death.
- 4.2 In an attempt to avoid agencies finding out about violence and abuse a mother may be prevented from seeking or receiving proper antenatal or postnatal care. This can include the abuser:
- Insisting on being present at all ante-natal or post-natal appointments
  - Threatening and coercing the mother to miss scheduled appointments
  - Denying professional's access to the mother on the grounds of culture, religion and other fabricated circumstances.
- 4.3 In abusive and violent situations, a mother's attachment to her child can be affected, more so if the pregnancy is a result of rape.

*Those experiencing domestic violence may be able to predict the risks and the likelihood of further violence. Nevertheless risks to self, children and the unborn can be underestimated*

#### **5.0 Equality Issues and Diversity**

*Fair and open practices are key when responding to domestic abuse. Recognising and understanding these issues will enable response to domestic abuse and help to allay concerns about discrimination. **Culture should never be viewed as an excuse for abuse***

- 5.1 Perceived or actual racist reactions, isolation, language and cultural barriers or other reactions to age, sexuality, gender or disability may compound a victim's experience of domestic abuse. These issues can create fears about asking for help and this should be recognised without assumptions about what action is appropriate being made on these grounds.
- 5.2 Women and men from a range of cultural backgrounds and diverse 'identities', will have different experiences of domestic abuse which may then become 'honour' based involving the wider family and community. Practitioners need to be able to offer culturally competent and accurate responses informed by specific knowledge of how a particular culture may support equality and respect towards women in relationships. However, perpetrators and others within a community may use some aspects of the same culture to increase the isolation and risk to those who are victimised by domestic and 'honour' based abuse.

## 6.0 Additional issues for those experiencing domestic violence

### 6.1 Those from an ethnic minority may:

- **Be at risk of honour based violence and forced marriage**
- Not know where to go for help or no access to support services
- Fear racism - agencies may be predominantly white-led
- Prevented from learning English
- Language barriers – lack of access to interpreters
- Interpreters may be male
- Lack of cultural awareness and sensitivity
- May fear deportation - being reported to the home office if has unsettled status
- Abuser may have essential documents eg passport, certificates
- Pressure from family/community elders/religious leaders not to leave
- Fears loss of community and social network – being ostracised/isolated
- Betrayal of family honour – becoming a burden to her family
- Fear of cultural stereo-typing and other's beliefs that:
  - Women are submissive to the home
  - The community polices itself
  - Black men are more violent/aggressive
  - Domestic abuse is a result of an arranged marriage

### 6.2 Those from same sex relationships:

- Fear of homophobia – assumptions of heterosexuality
- Not wanting to reinforce prejudice against lesbians
- Fear she may lose her children due to her sexuality
- Threats to 'out' her to her family, friends, children & community
- Shared circle of friends means loss of support network too
- Fear of being easily found in a small community
- No specialist refuges for lesbians/gays
- Internalised social homophobia, perhaps adding to a sense of shame, guilt and powerlessness
- Fear of stereotyping and other's beliefs:
  - Lesbians don't abuse each other
  - It's just a cat fight (undermining severity)
  - No wonder she can't have a relationship with a man

### 6.3 Those living with disabilities:

- Lack of accessible services
- Agency may be unable to locate accessible accommodation
- Fear agency may place her in residential care
- Fear of children being removed
- Specialist disability services may not be aware of domestic violence
- Domestic violence agencies may not be aware of disabilities
- Fears she may not be believed or treated as credible
- Abuser may have total control over her access to outside world
- Abuser may be the carer
- Her home has been specifically adapted to meet her needs

- Fear of stereotyping and other's beliefs:
  - What a saint the carer is looking after her
  - You can't blame him getting frustrated sometimes
  - Disbelief, especially if carer has a disability
  - Disabled women can't afford to be fussy about partners

#### 6.4 Those who are elderly:

- Fear, shame with regards to privacy
- Admitting vulnerability, humiliation
- Overcoming isolation
- Victims of abuse are frequently not well
- Age – over or under 65years
- They want to stay in their own home and fear being put in a home should they disclose
- Negative attitudes to the elderly bring fears of reinforcing the idea that they are a burden on society
- Ageism in our culture and society
- The primary carer is the abuser

#### 6.5 Those living in rural communities:

- Geographic isolation
- Lack of transportation
- Lack of available resources and information
- The history and culture of area may increase pressure for victims to keep silent
- Close knit community structure where everyone is known to one another
- Services provided in urban areas cannot be replicated in rural areas – programmes must be specifically developed to meet rural communities
- Gender roles, family relationships and problem-solving approaches are culturally shaped and impact how people think about violence in the home
- Communication systems by which rural communities and individuals living in rural areas exchange information differ dramatically from those in urban areas

## 7.0 Using the Tools: Step-by-Step Summary

*Those who experience domestic abuse can often be traumatised of their experiences even over a short period and can appear impassive or resistant. The victim can underestimate the risk to themselves or their children and feel they are to blame. Using these methods can help self-belief and awareness that abusive behaviour is the responsibility and choice of the abuser.*

The sequences outlined are recommended in all cases where domestic violence is coming to any agency's attention. This may be as a result of a new referral or when domestic violence is identified as part of an assessment or an ongoing case. The process is most effective if carried out over a number of different meetings to give time for information to be absorbed and the victim's confidence in being supported to improve. However this may not always be possible.

## 7.1 Routine Enquiry

Health professionals working in midwifery and health visiting services routinely ask women about domestic violence. This can result in referral and does present the opportunity for earlier intervention by working with the women to prevent a crisis. If a woman is referred with a report of domestic violence or domestic violence is suspected, it is still important to sensitively offer direct questions and where necessary to define what is meant by domestic abuse/violence. (The Power and Control and Equality Wheels can be helpful at this stage). Keep the risk factors in mind to identify.

## 7.2 Imminent Danger

If current domestic violence is disclosed, find out about imminent danger and contact with partner (ex) partner now. This will enable response to immediate safety and risk issues. Any action taken will depend on establishing these details early on.

## 7.3 Risk Assessment / MARAC

If responses to your initial questions indicate the victim may be at high risk, or if you suspect the victim is at a medium or high risk use the CAADA/DASH risk identification checklist (RIC) to decide if the case should be referred to Multi Agency Risk Assessment Conference (MARAC) and/or what other support might be appropriate.

**Please pay particular attention your own practitioner's professional judgement in all cases.** The results from a checklist are not a definitive assessment of risk. They should provide you with a structure to inform your judgement and act as prompts to further questioning, analysis and risk management whether via a MARAC or in another way.

There will be occasions where the particular context of a case gives rise to serious concerns even if the victim has been unable to disclose the information that might highlight their risk more clearly. **This could reflect extreme levels of fear, cultural barriers to disclosure, immigration issues or language barriers particularly in cases of 'honour'-based violence.** Your judgement should be based on your professional experience and/or the victim's perception of their risk even if they do not meet the following criteria

- **Visible High Risk'**: the number of 'ticks' on the checklist. If you tick 14 or more 'yes' boxes the case would normally meet the MARAC referral criteria.
- **Potential Escalation**: the number of police callouts to the victim as a result of domestic violence in the past 12 months. This criterion can be used to identify cases where there is not a positive identification of a majority of the risk factors on the list, but where abuse appears to be escalating and where it is appropriate to assess the situation more fully by sharing information at MARAC. It is common practice to start with 3 or more police callouts in a 12 month period. This should not be viewed as prescriptive base line for risk but

as an indicator only. A victim could be at severe risk if no calls to police are made and this may depend on local volume and the level of police reporting.

**The responsibility for identifying your local referral threshold rests with your local MARAC.**

The RIC will provide valuable information about the risks that children are living with but it is not a full risk assessment for children. The presence of children increases the wider risks of domestic violence and step children are particularly at risk. If risk towards children is highlighted you should consider what action or referral you need to make to obtain a full assessment of the children's situation and refer to the Suffolk Safeguarding Children Guidance in all cases'

7.4 Crisis Plan

If there appears to be in imminent risk a copy of the crisis plan booklet can be offered and used by going through the relevant points and answering any questions that may arise. If the victim appears to lack awareness this can help the victim to recognise their own or their children's risk factors

7.5 Developing a Safety Plan

You can use the Safety Plan booklet to support the development of an individual safety plan or select an appropriate section to focus on to be looked at in stages. This will be dependent on the outcome of the risk assessment process. For victims who do not reach the criteria for a MARAC, it is essential to engage with the victim to put in place some agreed safety measures. Once agreed these should be monitored closely for any escalation. It is vital that the victim feels supported and is enabled to speak about their experiences. The risk to a victim can change dramatically in a short period, if there is an escalation in abusive behaviours a new risk assessment should be completed.

*The risk to women increases when they leave a violence partner. It should not be encouraged until a thorough risk assessment has taken place and safety/crisis planning is in place*

7.6 The Power and Control and Equality Wheels

Offer a copy of the Power and Control /Equality Wheels or select an appropriate section to focus on. This can assist the victim to identify and name the abusive behaviours experienced. This could be at any point from disclosure onwards

7.7 Provide Information

Provide information and useful contacts, leaflets and safety/crisis booklets if it is safe for the victim to take these away.

## 7.8 Further Contact Arrangements

Establish safe contact arrangements, ensure it is safe to send information or make contact by phone. If safety is an issue try to arrange contact via a trusted friend, children centre etc

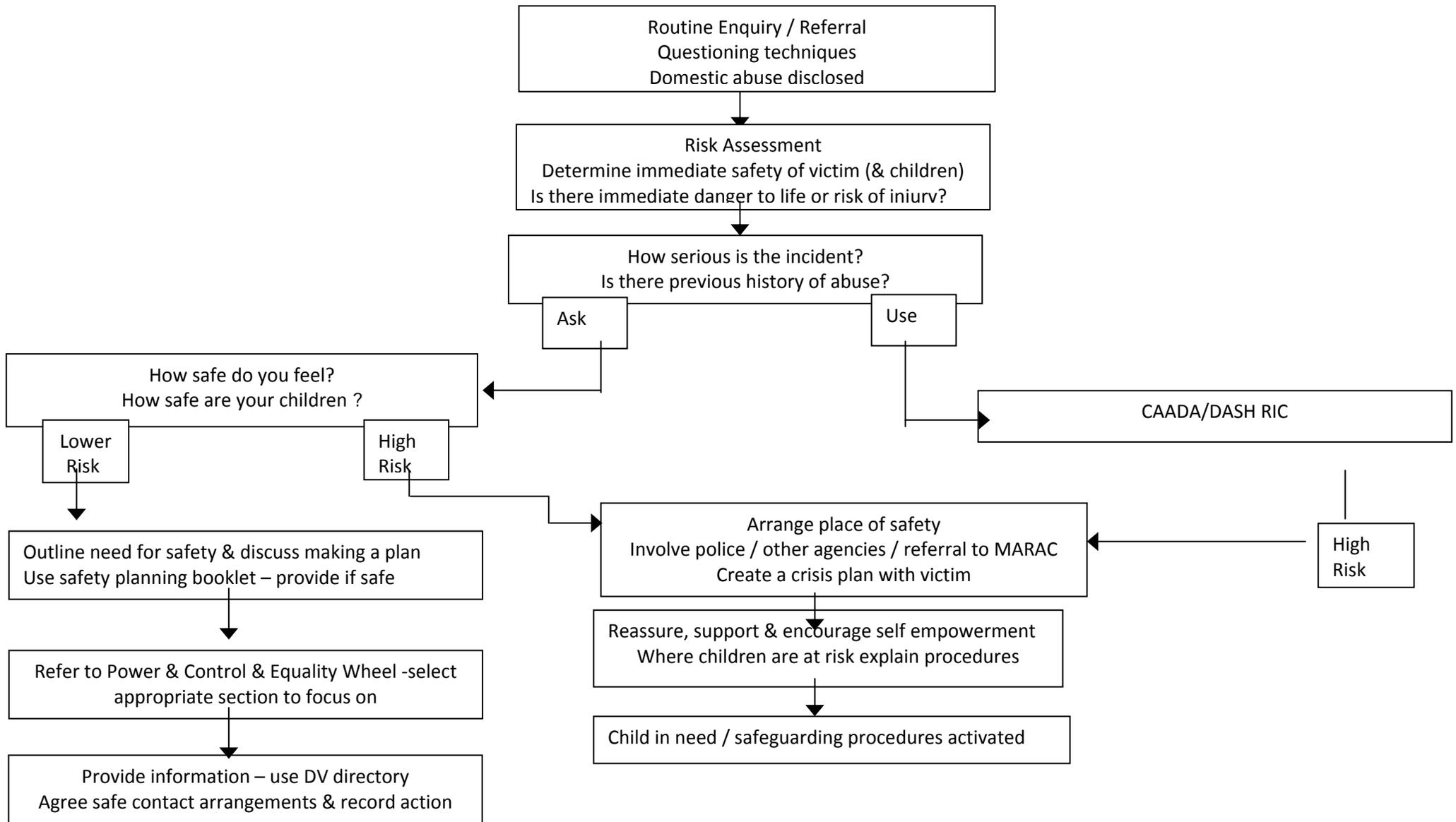
## 7.9 Recording

Record that domestic violence was/ was not disclosed / suspected. Take further action where appropriate in line with procedures outlined

*Tools for Practitioners were developed for use together, as part of a consistent and coherent approach. Carrying out Routine Enquiry without Safety Planning would leave survivors and professionals without options for action around safety issues.*

*Similarly carrying out Routine Enquiry/ Screening/ Safety Planning for survivors without completing a risk assessment means that the responsibility is left to the survivor alone to stop the perpetrator's violence and to protect the children*

**Tools for Practitioners  
Flow Chart**



## 8.0 Working with Survivors Checklist

- *Ensure immediate safety first*
- *Be open and approachable.*
- *Be sensitive in your interviewing. It can be a very difficult to acknowledge being a victim and this may be the first time the abuse has been disclosed to another person.*
- *Take a non-judgemental and believing approach*
- *Explore options without making assumptions about what the next steps will be, or by presuming there is a readiness to take any immediate action.*
- *Recognise that everyone's experience and ways of coping with abusive partner are unique.*
- *Acknowledge the skills, strengths and strategies already in use.*
- *Encourage and support self-empowerment in decision making.*
- *In case where the children are at risk and immediate action is necessary, explain what you must do and why.*
- *Be clear about confidentiality and its limitations, particularly in relation to children's safety.*
- *Aim to get consent to any sharing of information with others.*
- *Acknowledge in a practical way that the best way to protect children living with domestic violence may be to protect the non-abusing parent. This will mean keeping a clear focus on safety for the woman as well as the children.*
- *Take account of the different realities and situations. Issues such as class, race, age, religion, sexuality and disability will affect how support and information is sought and received.*
- *Ensure information is provided to read through and take away, if it is safe to do so.*
- *Include in your response that survivors of domestic violence are not responsible for the abuse, and that abuse is never acceptable behaviour.*
- *Know in advance what your agency and others could do to intervene with the perpetrator to prevent further abusive behaviour.*



## CAADA ACPO DASH Risk Identification Checklist

For cases of domestic abuse, stalking and 'honour'-based violence

The primary purpose of the form is to identify risk to the adult victim and to be able to offer appropriate resources/support in the form of the MARAC for the most serious cases. Furthermore, the information from the checklist will enable agencies to make defensible decisions based on the evidence from extensive research of cases, including domestic homicides and 'near misses', which forms the basis of the most recognised models of risk assessment. This form<sup>1</sup> is designed for agencies that are part of the MARAC<sup>2</sup> process and either do not have their own assessment tool or would like a supplementary form for identifying domestic violence risk.

Practitioners must be aware that this is a risk identification checklist and not a full risk assessment nor a case management form. It is a practical tool that can help you to identify which of your clients should be referred to MARAC and how you should be prioritizing the use of your resources. Risk is dynamic and practitioners need to be alert to the fact that risk can change very suddenly. The presence of children increases the wider risks of domestic violence and step children are particularly at risk. However, this tool is not a full risk assessment for children. If risk towards children is highlighted you should consider what referral you need to make to obtain a full assessment of the children's situation.

### Recommended criteria for referring a case to a MARAC:

1. **Professional judgement.** If you have serious concerns about a victim's situation, you should refer the case to MARAC. This judgement would be based on your professional experience and/or the victim's perception of their risk even if they do not meet criteria 2 and/or 3 below. Your judgement might reflect **the victim's extreme levels of fear, cultural barriers to disclosure, immigration issues or language barriers particularly in cases of 'honour'-based violence.** The Examples of Domestic Abuse sheet may help you identify such cases.
2. **Visible High Risk.** If you have ticked **14 or more 'yes' boxes** the case meets the MARAC referral criteria.
3. **Potential Escalation.** The number of police callouts to the victim as a result of domestic violence in the past 12 months can be used to identify cases where abuse appears to be escalating. It is appropriate in these cases to assess the situation more fully by sharing information at MARAC, even where the victim appears to have less than 14 ticks on the RIC. It is common practice to start with **3 or more police callouts in a 12 month period** but this will need to be reviewed depending on your local volume and your level of police reporting.

### Recommended criteria for referring a case to an IDVA or other domestic violence service:

1. **Professional judgement.** If you have concerns about a victim's situation and judge that the victim is in danger, you should refer to an IDVA or other domestic violence service that deals with victims at high risk of harm.
2. **High risk.** If you have ticked **10 or more 'yes' boxes** the victim is likely to be suffering some form of severe abuse and should be referred to an IDVA or other domestic violence service that deals with victims at high risk of harm.

<sup>1</sup> This form reflects work undertaken by CAADA in partnership with Laura Richards, Consultant Violence Adviser to ACPO. We are very grateful for the expert advice we received in particular from Jan Pickles, Dr Amanda Robinson and Jasvinder Sanghera. We would also like to thank Advance, Blackburn with Darwen Women's Aid and East Berkshire Women's Aid and all the partners of the Blackpool MARAC for their contribution in piloting the revised checklist without which we could not have made these amendments. Finally we would like to thank Elizabeth Hall of Cafcass and Neil Blacklock of Respect for their advice and encouragement.

<sup>2</sup> For further information about MARAC please refer to the CAADA MARAC Implementation Guide [www.caada.org.uk](http://www.caada.org.uk)



**Risk Identification Checklist for use by IDVAs and other non-police agencies for MARAC case identification when domestic abuse, 'honour'-based violence and/or stalking are disclosed.**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Please explain that the purpose of asking these questions is for the safety and protection of the individual concerned. Tick the box if the factor is present <input checked="" type="checkbox"/> . Please use the comment box at the end of the form to expand on any answer. It is assumed that your main source of information is the victim. If this is <u>not the case</u> please indicate in the right hand column.	Yes (tick) √	No	Don't Know	State source of info if not the victim e.g. police officer
1. Has the current incident resulted in injury? (Please state what and whether this is the first injury.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Are you very frightened? Comment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. What are you afraid of? Is it further injury or violence? (Please give an indication of what you think (name of abuser(s)...) might do and to whom, including children) Comment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Do you feel isolated from family/friends i.e. does (name of abuser(s).....) try to stop you from seeing friends/family/doctor or others? Comment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Are you feeling depressed or having suicidal thoughts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Have you separated or tried to separate from (name of abuser(s)....) within the past year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Is there conflict over child contact?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Does (.....) constantly text, call, contact, follow, stalk or harass you? (Please expand to identify what and whether you believe that this is done deliberately to intimidate you? Consider the context and behaviour of what is being done.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Are you pregnant or have you recently had a baby (within the last 18 months)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Is the abuse happening more often?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Is the abuse getting worse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Does (.....) try to control everything you do and/or are they excessively jealous? (In terms of relationships, who you see, being 'policed at home', telling you what to wear for example. Consider 'honour'-based violence and specify behaviour.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Has (.....) ever used weapons or objects to hurt you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

14. Has (.....) ever threatened to kill you or someone else and you believed them? (If yes, tick who.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
You <input type="checkbox"/> Children <input type="checkbox"/> Other (please specify) <input type="checkbox"/>				

Tick box if factor is present. Please use the comment box at the end of the form to expand on any answer.	Yes (tick)	No	Don't Know	State source of info if not the victim e.g. police officer
15. Has (.....) ever attempted to strangle/choke/suffocate/drown you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. Does (.....) do or say things of a sexual nature that make you feel bad or that physically hurt you or someone else? (If someone else, specify who.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. Is there any other person who has threatened you or who you are afraid of? (If yes, please specify whom and why. Consider extended family if HBV.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18. Do you know if (.....) has hurt anyone else? (Please specify whom including the children, siblings or elderly relatives. Consider HBV.)  Children <input type="checkbox"/> Another family member <input type="checkbox"/> Someone from a previous relationship <input type="checkbox"/> Other (please specify) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19. Has (.....) ever mistreated an animal or the family pet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20. Are there any financial issues? For example, are you dependent on (.....) for money/have they recently lost their job/other financial issues?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21. Has (.....) had problems in the past year with drugs (prescription or other), alcohol or mental health leading to problems in leading a normal life? (If yes, please specify which and give relevant details if known.)  Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Mental Health <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22. Has (.....) ever threatened or attempted suicide?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23. Has (.....) ever broken bail/an injunction and/or formal agreement for when they can see you and/or the children? (You may wish to consider this in relation to an ex-partner of the perpetrator if relevant.)  Bail conditions <input type="checkbox"/> Non Molestation/Occupation Order <input type="checkbox"/> Child Contact arrangements <input type="checkbox"/> Forced Marriage Protection Order <input type="checkbox"/> Other <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24. Do you know if (.....) has ever been in trouble with the police or has a criminal history? (If yes, please specify.)  DV <input type="checkbox"/> Sexual violence <input type="checkbox"/> Other violence <input type="checkbox"/> Other <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<b>Total 'Yes' responses</b>	
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**For consideration by professional:**

Is there any other relevant information (from victim or professional) which may increase risk levels? Consider victim's situation in relation to disability, substance misuse, mental health issues, cultural/language barriers, 'honour'- based systems and minimisation. Are they willing to engage with your service? Describe:

Consider abuser's occupation/interests-could this give them unique access to weapons? Describe:

What are the victim's greatest priorities to address their safety?

**Do you believe that there are reasonable grounds for referring this case to MARAC? Yes**

If yes, have you made a referral? Yes/No

**Signed:**

**Date:**

**Do you believe that there are risks facing the children in the family? Yes**

If yes, please confirm if you have made a referral to safeguard the children: /No Children are already on Care Plan

Date referral made.....

**Signed:**

**Date:**

**Name:**



## SEVERITY OF ABUSE GRID

Type of abuse	Is abuse occurring?	Severity of abuse	Escalation in severity (past 3 months)	Escalation in frequency (past 3 months)
<b>Physical</b>	Yes No Don't know Not Asked	Extreme High Moderate Standard	Reduced Unchanged Worse	Reduced Unchanged Worse
<b>Sexual</b>	Yes No Don't know Not Asked	Extreme High Moderate Standard	Reduced Unchanged Worse	Reduced Unchanged Worse
<b>Stalking and Harassment</b>	Yes No Don't know Not Asked	Extreme High Moderate Standard	Reduced Unchanged Worse	Reduced Unchanged Worse
<b>Jealous and controlling behaviour/ Emotional Abuse</b>	Yes No Don't know Not Asked	Extreme High Moderate Standard	Reduced Unchanged Worse	Reduced Unchanged Worse

## **Appendix 3:**

### **Integrated Domestic Abuse Programme (IDAP)**

This is a programme that perpetrators of domestic abuse are directed to attend as part of a Court Order. They must have licence conditions imposed of a minimum of two years as this is a modular course over a nine month period.

The course covers anger, victim empathy and other issues. It is recognised that initially the risks of the perpetrator re-offending go up in the early stages of IDAP.

This must be taken into consideration by all agencies in their risk assessing when working with these families.

### **MAPPA (Multi Agency Public Protection Arrangements)**

MAPPA are the statutory arrangements for managing sexual and violent offenders. MAPPA is not a statutory body in itself but is a mechanism through which agencies can better discharge their statutory responsibilities and protect the public in a co-ordinated manner. Agencies at all times retain their full statutory responsibilities and obligations.

The Responsible Authority (RA) consists of the Police, Prison and Probation Services. They are charged with the duty and responsibility to ensure that MAPPA is established in their area and for the assessment and management of risk of all identified MAPPA offenders.

Other agencies under Section 325(3) of the Criminal Justice Act (2003) have a 'duty to cooperate' with the RA. They are:

- Local Authority Social Care Services
- Primary Care Trusts, other NHS Trusts and Strategic Health Authorities
- Jobcentre Plus
- Youth Offending Teams
- Registered Social Landlords which accommodate MAPPA offenders
- Local Housing Authorities
- Local Education Authorities
- Electronic Monitoring Providers

## Caring Dads

Caring Dads is a 17 – week group intervention programme for men who have abused their children, either directly or indirectly through abuse of their children's mother, which in itself is a child protection issue. Research indicates that there are strong links between domestic abuse and rigid, authoritarian and inconsistent parenting and that there are links in turn with poor parenting and a range of poor outcomes for children.

The Caring Dads programme emphasises men's accountability for their behaviour and helps fathers become more aware of and responsible for their use of abusive and healthy parenting strategies. A child-centred approach to fathering is advanced, where fathers are encouraged to try to recognise and prioritise their children's needs. Regardless of the stress and challenges that men are facing, they must avoid using intimidating, shaming and otherwise abusive parenting strategies, and are encouraged to make choices that are responsive to their children's developmental needs.

Caring Dads also encourages fathers to begin to appreciate the impact of child maltreatment and abuse of children's mothers and teaches men concrete skills for improving their relationships both with their children and their children's mothers.

The Caring Dads programme is divided into four major goal sections; each goal is comprised of a series of sessions:

**Goal 1:** To develop sufficient trust and motivation to engage men in the process of examining their fathering.

**Goal 2:** To increase men's awareness of child-centred fathering.

**Goal 3:** To increase men's awareness of, and responsibility for, abusive and neglectful fathering

**Goal 4:** to consolidate learning, rebuild trust and plan for the future.

Any man can be referred or self refer to the Caring Dads programme. The only proviso being that there is a least one child between the ages of 0 – 12 and there is on-going contact with the child. The on-going contact is essential as participants, in addition to attending weekly sessions, are asked to complete a 'homework' assignment each week as well as completing a Weekly Fathering Log.

## **FREEDOM - a programme for women**

The FREEDOM programme is a 12 week course for women experiencing, or who have experienced, domestic abuse.

The programme is open to any woman who wishes to learn more about the reality of domestic violence and abuse. It is open to those who are affected by the impact of an abusive relationship, whether they are still with the abuser or have left the relationship

FREEDOM programme groups are being run across Suffolk, many are taking place in Children's Centres with crèche facilities. Groups are facilitated by trained practitioners and domestic abuse specialists from the voluntary sector.

### **The programme aims:**

To help women to understand the beliefs held by abusive men and in so doing, recognize which of these beliefs they have shared

To illustrate the effects of domestic violence on children

To assist women to recognize potential future abusers

To help women gain self-esteem & the confidence to improve the quality of their lives

To introduce women to community resources such as Women's Aid, Police Victim Care Centres, and other local support and national services