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INTER-AGENCY PRACTICE GUIDANCE IN RELATION TO CHILDREN AND DOMESTIC VIOLENCE



Nottinghamshire
SAFEGUARDING
CHILDREN Board



NOTTINGHAM CITY
Safeguarding
Children BOARD

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1.0 Introduction

- 1.1 All of the 5 key outcomes for children identified in Every Child Matters can be adversely affected for a child living with domestic violence. The impact is usually on every aspect of a child's life and will vary according to the child's resilience and the strengths and weaknesses of their particular circumstances.
- 1.2 The 4 central imperatives of any intervention for children living with domestic violence are:
 - to protect the child/ren
 - to empower the non abusive parent to protect both them and their child/ren
 - to hold the violent parent accountable for their violence and provide them with opportunities to change
 - to support families to enable every child to meet their potential under the 5 Every Child Matters outcomes.
- 1.3 This inter-agency practice guidance is intended for use by all professionals (the term includes qualified and unqualified, managers, staff and volunteers), who have contact with children and adults where domestic violence is suspected or identified.
- 1.4 This inter-agency practice guidance details a simple multi-agency risk identification process for all agencies to consistently respond to the issues and concerns arising from domestic violence in households where there are children. The guidance tools provide a comprehensive and consistent framework to gather information, assess, analyse and further grade the severity of the risk posed to children and their non abusive parent and aims to help practitioners make decisions with regard to the most appropriate and effective interventions for the family.
- 1.5 This practice guidance is in line with inter-agency Common Assessment Framework (CAF) Family Support Strategy (City) Pathway to Provision (County) and the Nottingham City and Nottinghamshire Safeguarding Children Boards' inter-agency child protection procedures, it should inform the development of individual agency procedure to respond to concerns where professionals are alleged perpetrators (this should be cross referenced with the allegations against staff procedure), or victims of domestic violence.
- 1.6 It takes account of the extended definition of harm to children in accordance with the Adoption and Children Act 2002 s120, which came into affect on the 31st January 2005. This now includes the harm that children suffer by seeing or hearing the ill treatment of another, particularly in the home.
- 1.7 This broader definition of harm does not mean that professionals should start referring every child living with domestic violence to the Children's Social Care fieldwork teams. Nothing in this protocol changes the requirement for careful assessments and multi-agency

responses, in the context of a good understanding of the impact of domestic violence on children and young people.

- 1.8 The majority of domestic violence is committed by men towards women, although it can also involve men being abused by their female partners, abuse in same sex relationships, and by young people towards other family members, as well as the abuse of older people in families. Domestic violence occurs irrespective of social class, racial, ethnic, cultural, religious or sexual relationships or identity. The principles of these procedures will apply in all circumstances but it should be acknowledged that each family will require a specific assessment to reflect the individual circumstances and needs of the family.
- 1.9 For the purpose of this guidance, where appropriate reference is made to survivors or non-abusing parents, using gender neutral language. However, where it is relevant the terminology used is gender specific.
- 1.10 Men's and women's experience of domestic violence is different. Where a man is a survivor this guidance will be appropriate to them.
- 1.11 No one agency can address all the needs of people affected by, or perpetrating, domestic violence. For any intervention to be effective agencies **must work together**, and be prepared to take on the challenges this can create.

Aims

- 1.12 The aims of this practice guidance are to:
 - identify and protect children, young people and their non-abusing parent(s) from the domestic violence
 - to encourage practitioners to focus on risk assessment and safety planning for those affected by domestic violence, in order to achieve an understanding of the range of processes and services available to them
 - support systems to hold perpetrators of domestic violence to account
 - raise the profile of the domestic violence and its effects amongst professionals/staff/volunteers delivering services to children and families across Nottingham/shire
 - set out the expectations upon single agency and inter-agency roles and responsibilities when working with children and their families
 - provide clarity about the CAF process and how it should be used with children living with domestic violence

- breakdown the barriers preventing access to support for children and their non-abusing parent(s), and to effectively challenge perpetrators of domestic violence
- inform discussion on the implementation of inter-agency safeguarding children procedures and inform the ongoing development of single and inter-agency training and practice.

The Practice Guidance is split into 3 sections as follows:

1. POLICY SECTION

This section provides information on definitions of domestic violence, the underlying principles of working with domestic violence, the context within which agencies are working and the impact of domestic violence on children, and non abusing parents.

2. PRACTICE SECTION

This section contains the new Multi Agency Risk Assessment Form, how to work with families experiencing domestic violence in order to protect non abusing partners and children and domestic violence in specific circumstances.

3. APPENDICES

The Appendices contain the further good practice guidelines, proformas and detailed information relating to legal and housing options.

POLICY SECTION

2. Definitions

2.1 This guidance uses the term 'violence' to include a range of abusive behaviours. It recognises that currently the terms domestic Violence and domestic abuse are used interchangeably.

2.2 There are numerous definitions of domestic violence. However a summary definition for the purposes of this practice guidance would include the following:

Domestic violence is purposeful, controlling, violent and abusive behaviour, usually by a man to a woman partner or ex-partner or other family member. Domestic violence also occurs in same sex relationships, to men by women partners and by family members to other family members (children and elders). Any member of the community may experience domestic violence, but some people will find extra barriers to gaining help and support (BME groups), others are more vulnerable (disabled people) and women are more likely to experience serious injury or homicide.

The impact of domestic violence affects individuals, families and communities in a range of ways, including health, homelessness, education and employment.

2.3 **The Police define domestic violence as follows:**

“any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between persons aged 16 and over that are or have been intimate partners “

or

“between adults aged 18 and over who are 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.

2.4 **The Home Office since 2011** are using the United Nations (UN) Declaration (1993) on the elimination of violence against women to guide our work across all government departments:

‘Any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life’

2.5 **Women's Aid Federation England define domestic violence as follows**

“Domestic Violence is physical, psychological, sexual; or financial violence that takes place within an intimate or family type relationship and forms a pattern of coercive and controlling behaviour. Crime

statistics and research both show that domestic violence is gender specific – usually the perpetrator of a pattern of repeated assaults is a man. Women experience the most serious physical and repeated assaults. Any woman can experience Domestic Violence regardless of race, ethnic or religious group, class, sexuality, disability or lifestyle”.

2.6 There are differences for male victims of domestic violence.

Nottingham Domestic Violence Forum Training Resources and Information Project say:

Men’s violence against women is a gender violence whereby he believes that he has rights to control and dominate his partner because he is male and she is female. He may use family, cultural and religious traditions to support his assumed superior status and his use of abuse.

2.7 Women’s abuse against men is not gender violence in that there are no social supports to women’s control of male partners. A relatively small percentage of women perpetrators are systematically abusing male partners. Most often women’s violence towards male partners is an act of self-defence, resistance or retaliation against a man who is trying to control her.

2.8 In same sex relationship abuse gender inequality is not necessarily going to be the primary reason for violence. It will be necessary to explore other forms of discrimination and inequalities to draw out the roots to the controlling nature of the abuse.

3.0 Underlying Principles

- 3.1 The practice Guidance is underpinned by the following principles:
- 3.2 **Abusive**, violent and controlling behaviours are unacceptable in all circumstances.
- 3.3 **The Child/Young Person's Safety is Paramount:** In situations of domestic violence where the child's needs are in conflict with the wishes of the survivor, protection of the child (ren) is paramount. Child protection enquiries in such cases must include an analysis of the possible reasons for this conflict from the non-abusing parent's perspective, which will inform decisions about the level of risk. Reasons for example may be as a result of threats from the abuser or a difficulty in acknowledging the gravity of their situation. Intervention may vary as a consequence of these explanations.
- 3.4 Often the most effective way to protect children involves protecting their non-abusing parent; in most cases this may mean the non-abusing parent and children leaving the family home, or the abuser being forced to leave. On the rare occasions where the separation of children from the non-abusing parent is necessary, this must be because it is assessed to be in the immediate best interests of the children.
- 3.5 **Support for Non-Abusing Parent:** When there are concerns about the safety of children, supporting the non-abusing parent is important in order to prevent further harm to them and their children. Professionals should utilise those times when the abuser is in custody/prison or out of the home to engage in meaningful work with the family, as this may be a critical time for the adult and child victims to reassess their situation and make changes to the direction of their lives. **This should be a period when sustained work should be attempted, not a period of service withdrawal.**
- 3.6 **The most effective ways** of protecting child/ren are to:
- build trust with the non-abusing parent and support their strategies to make safe choices both for themselves and their children.
 - provide the non-abusing parent with information about their legal rights and options for protection, and the extents and limits of statutory powers
 - systematically assess the risk factors in relation to all the individuals involved
 - use the law to manage the abuser's behaviour.
 - develop effective inter-agency involvement with the non-abusing parent that includes a plan for protecting them and the children in a way that best meets the children's health and development needs.
- 3.7 Leaving an abusive partner is a process, not a single event. It is crucial to engage those affected by domestic violence, and other partners, in continuous risk assessment and safety planning, as interlinked processes. This can best be achieved through open communication about domestic violence, and in particular by establishing trust, and a

dialogue with the non-abusing parent which starts from an active concern for them and their children's safety.

- 3.8 **Direct Support for Children:** 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 its aftermath can help children understand what has happened to them and their non-abusing parent, to enable them to overcome the negative impact of having lived with abuse and to move on with their lives.
- 3.9 It is essential that universal, targeted and specialist children's service provision are aware of their responsibility towards children and young people experiencing domestic violence and are confident and skilled in undertaking this responsibility.
- 3.10 **Diversity and Equality:** Domestic violence occurs across all diversity and equality strands, regardless of age, gender, race ethnicity, sexuality, social class, HIV status, nationality or disability. Non-abusing parents and survivors of domestic abuse may face a multiplicity of discrimination, and assessment and service provision should take account of the specific needs of every individual and recognise the difficulty that minority groups have in coming forward.
- 3.11 Difficulties for children from Black and Minority Ethnic backgrounds may be compounded by difficulty in seeking help, language and interpreting problems and the loss of community, which can protect them from racism. Where language interpretation is required, care should be taken to ensure that the interpreter is acceptable to the non-abusing parent/survivor and is not part of the local community to ensure confidentiality and objectivity. In addition, they must have the credibility and skill to perform the task without compromising the safety of the child or parent involved. Family and friends should never be used. This will be the same should sign language be required for hearing impaired people.
- 3.12 **Confidentiality:** The need for confidentiality and sensitive handling of information regarding families who have escaped or who attempting to escape domestic violence are different to the needs of families who are living with domestic violence. Issues around confidentiality and for the safety of children should be thoroughly considered by everyone when working with families where there is the potential for domestic violence. All professionals need to be aware of their agency's boundaries to confidentiality and to be clear about their roles and responsibilities.
- 3.13 The normal conventions of confidentiality should be observed. It is crucial to take into account the potential consequences for the family and any professional who may be supporting the family, when disclosing any information to the abuser or that person's representative (e.g. solicitor, family member, and friend). This applies in all circumstances of domestic violence, whether the victim is living at home, in a Refuge, in a hostel or Bed and Breakfast accommodation.

- 3.14 Evidence suggests that some people will go to extra-ordinary lengths to get information or access to their family. The repercussions of a breach of confidentiality, no matter how small, could put members of the family and professionals in extreme danger. Therefore, all communication with the abuser should be considered, planned and the potential consequences for all parties taken into account throughout any contact with the family.
- 3.15 Where the non-abusing parent ends the violent relationship there is often the potential for the violence to increase because of the changes in the power relationships and the loss of control from the abuser.
- 3.16 Whilst co-operation between agencies is vital, it is very important that client confidentiality is maintained, and information sharing takes account of potential risks to the safety of both family members and professionals.
- 3.17 No information about a client should be passed to any agency or individual without the client's explicit, informed agreement, unless there is a statutory duty to do so or the risk is judged to be high.
- 3.18 If however there are reasons to believe children are at risk, protection must take precedence over confidentiality and the non-abusing parent must be made aware of this. In these circumstances the inter-agency child protection procedures must always be followed.
- 3.19 For further detailed information on information sharing please refer to Safety & Justice – Sharing Personal Information in the context of Domestic Violence, Home Office Communications and Development Unit.

www.homeoffice.gov.uk/rds/pdfs04/dpr30.pdf

- 3.20 **Information Sharing:** Responsible information sharing plays a key role in enabling organisations and professionals to protect people affected by domestic violence and to save lives and reduce crime and disorder. Casework, advocacy, conducting risk assessments and providing general support and protection may all require information about individuals to be shared with other agencies. In meeting obligations under articles 2 and 3 of the Human Rights Act 1998, this may necessitate lawful information sharing.
- 3.21 Failing to share information, or doing so inappropriately, can put clients at serious risk. Professionals therefore need to work within the law, making pragmatic case by case decisions, balancing the risks of information sharing with the potential benefits; this might bring enhanced safety and protection for people affected by domestic violence. The final decision in any case will depend on the particular circumstances. There is no system that covers all eventualities however by using professional judgement backed by guidance, protocols, specialist guidance and effective supervision/management, professionals can be confident in carrying out this important duty responsibly.

3.22 There is no single law that governs information sharing. To enable professionals to make a sound decision about whether to share information, the Department for Constitutional Affairs suggests the following issues are considered:

- do you have the legal power to share information?
- are you acting in compliance with Article 8 of the European convention on Human Rights 1998?
- are you in compliance with common –law obligations of confidentiality?
- are you in compliance with the Data Protection Act 1998?
- Do you have consent to share?

If the answers to all these questions are ‘yes’, then lawful information sharing may take place. If in doubt, please consult with your Team Manager/ Supervisor and in more complex cases, seek legal advice.

3.23 Where records are kept, moved by disc or memory stick or shared electronically, by web or email extra care should be taken with information. Pass words should always be used and not all professionals should be able to access key information such as addresses.

3.24 **Information Sharing and Consent:** As a general rule, professionals should seek to gain a client’s consent prior to sharing information. However there are particular circumstances where there is a need to share information without consent in order to:

- (a) protect a child and/or their non abusing parent. (In addition see the inter-agency child protection procedures Section 5 Chapter 3 paragraph)
- (b) with specific agencies for risk assessment purposes
- (c) to bring abusers to justice.

3.25 Professionals will need to make careful assessment at the beginning of their decision making whether to seek an individual’s consent or not. This is because where consent is sought but refused it is not good practice to then share information on a different basis and which in effect ignores the earlier refusal of consent.

The CAF Process can only be undertaken with informed consent of a parent/carer with parental responsibility and this should be recorded on the CAF Consent Form. In the discussion relating to consent, consideration must be given to anyone with whom information is not to be shared, including agencies and family / community members.

Further guidance is available through: Home Office 2004 Safety and Justice: Sharing Personal Information in the Context of Domestic Violence – an Overview, London: Home Office.

www.homeoffice.gov.uk/rds/pdfs04/dpr30.pdf

What To Do If You’re Worried A Child Is Being Abused

- 3.26 **The Importance of Accurate Record Keeping:** Accurate documentation and record keeping have an important role in responding to domestic violence and may provide cumulative evidence of abuse. Evidence can be important in helping a non-abusing parent/survivor to obtain protection through an injunction or court order, or in opposing immigration/deportation action. It is therefore imperative that all agencies record their contact and any allegations made and any injuries seen.
- 3.27 **The Importance of Secure Record Keeping:** If violence is suspected but not disclosed or admitted by the non-abusing parent/ survivor, any injuries seen and the account for them should also be recorded. However care should be taken with documenting domestic violence. Any records in circumstances where an address is to be kept sensitive or confidential (as in refuge address), need to be kept separately from notes which may be held by the victim or which the perpetrator may see. Documentation should include the account as given (including any accounts of previous abuse) and differentiate between fact and assumption.
- 3.28 **Early Intervention:** Raising community awareness about domestic violence 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. They have a responsibility to consult with colleagues in other agencies if they have concerns and to make a referral to Children's Social Care when the threshold regarding the risk of harm is reached.
- 3.29 **Integrated Working:** Where the child / young person has additional needs under the 5 Every Child Matters outcomes as a result of domestic abuse, and a multi agency support plan is required to meet these needs, the CAF Process should be used, as directed by the CAF Inter Agency Guidance and the Family Support Strategy (City) Pathway to Provision (County).
- 3.30 Where the level of concern requires a referral to Children's Services Social Care then input from different professionals, assessment and joint planning should take place from the outset, and where children are concerned, using the guidelines in the Framework for Assessment (DoH: 2000) which applies to statutory agencies and providers of service from the voluntary, private and independent sector.
- 3.31 **Professionals' Development and Safety:** Working with such complex situations requires an appropriate level of knowledge, understanding, skills and abilities. Therefore managers should ensure that professionals have the appropriate training and skills in this area of work. All professionals have a responsibility to take advantage of training available through their own agency and the Nottinghamshire and Nottingham City Safeguarding Children's Board interagency training programme and Nottinghamshire Domestic Violence Forum

domestic violence awareness programme and free quarterly seminars. Professionals should also assess any risk of violence towards them and other professionals from the abuser and follow departmental guidelines on 'Health and Safety' and which focus on challenging the abusers assumed rights to power over women partners.

3.32 Some professionals may themselves have experienced or be experiencing domestic violence, and support should be offered through supervision or other appropriate means. Each agency should adopt and promote policies concerning issues arising and their response to their staff (including perpetrators). (See the Nottingham City Council website for employee policy on domestic violence and also NDVF website for city, county and Primary Care Trust employee policies).

3.33 NCSCB/NSCB partner members are encouraged to develop work with adults who commit acts of domestic violence. To maximise the effectiveness of this work it is important that the agencies concerned proceed from a common value base which recognises that:

- the deployment of violence is the ultimate way in which adults who have a propensity to abuse power maintain control over partners and children
- the work with perpetrators of violence needs to be seen as both medium and long term
- the work will be most effective where both individual and group approaches are possible
- it is possible that the perpetrator of violence will have experiences of their own as a victim, which may need addressing
- wherever possible, some form of external incentive or sanction (e.g. Probation Order, bind over, injunction etc.) needs to be built in to aid motivation. (Dobash, Dobash, Cavanagh and Lewis 1996). (See Appendix 4).

4.0 Local and National Context

- 4.1 The issue of children living with domestic violence is now recognised as a matter for concern in its own right by both Government and key children's services agencies. In approximately a third to two thirds of domestic violence cases there is also child physical and sexual abuse involving the same abusive partner¹. Nearly three quarters of children on the Child Protection Register live in households where domestic violence occurs².
- 4.2 One in 4 women and 1 in 6 men will suffer domestic violence at some point in their lives³. However, it is important to recognise that synchronicity does not exist between men and women's experience of domestic violence. The British Crime Survey indicates that women are more likely to be injured, afraid and harassed than men.
- 4.3 Anyone can be affected by domestic violence, but when levels of severity are considered, taking into account the frequency of attacks, the range and forms of violence and the seriousness of injuries, women are overwhelmingly the most victimised, with male partners or ex-partners as the perpetrators.
- 4.4 **Key Facts About Domestic Violence Are:**
- **One in 4 women:** An analysis of 10 separate domestic violence prevalence studies found consistent findings: 1 in 4 women experience domestic violence over their lifetimes and between 6-10% of women suffer domestic violence in a given year (Council of Europe, 2002).
 - **One Call A Minute To The Police:** Every minute in the UK, the Police receive a call from the public for assistance for domestic violence. This leads to Police receiving an estimated 1,300 calls each day or over 570,000 each year. (Stanko, 2000). However, according to the British Crime Survey, only 40.2% of actual domestic violence crime is reported to the Police (Dodd et al, July 2004).
 - **Repeat Victimisation Is Common:** 44% of victims are involved in more than one reported incident. No other type of crime has a rate of repeat victimisation as high (Dodd et al July 2004)
 - **Fear Of Being Killed:** In a study of 200 women's experiences of domestic violence it was found that 60% of the women had left because they feared that they or their children would be killed by the perpetrator (Humphreys & Thiara, 2002).

¹ Hester et al 2000, Edleston 1999, Humphreys and Thiara 2002

² Dept Health 2002 Farmer and Owen 1995

³ Home Office British Crime Survey 2004/05

- **Female Homicides:** An average of over 2 women per week are killed by a current or former partner in England and Wales each year (Flood-Page et al 2003).
- **Leaving:** Women are at greatest risk when they attempt to leave and for several months afterwards. 22% of women were assaulted following separating (Routes to Safety Survey Humphreys & Thiara, 2002). Women are at greatest risk of homicide at the point of separation or after leaving a violent partner. (Lees, 2000).
- **Pregnancy:** About 30% of domestic violence starts during pregnancy; where domestic violence has already existed in a relationship, pregnancy often results in escalation (Coid, 2000).
- **Children Witness Violence:** In relationships where there is domestic violence, children witness about three-quarters of the abusive incidents. About half the children in such families have themselves been badly hit or beaten. Sexual and emotional abuse are also more likely to happen in these families" (Royal College of Psychiatrists, 2004).
- **Link With Child Abuse:** The link between child physical abuse and domestic violence is high, with estimates ranging between 30% to 66% depending upon the study (Hester et al, 2000; Edleson, 1999)" (Humphreys & Thiara, 2002).
- **Violence During Contact Visits:** In 1999 a survey of 130 abused parents it was found that 76% of the 148 children ordered by the courts to have contact with their estranged parent were said to have been abused in the following ways during visits: 10% were sexually abused; 15% were physically assaulted; 26% were abducted or involved in an abduction attempt; 36% were neglected during contact; and 62% suffered emotional harm. Most of these children were under the age of 5 (Radford, Sayer & AMICA, 1999).
- **Homelessness:** Research has found that domestic violence is "the single most quoted reason for becoming homeless". This study found that **40% of** all homeless women stated domestic violence as contributor to their homelessness (Shelter, 2002).
- **Health:** Abused women are more likely to suffer from depression, anxiety, psychosomatic systems, eating problems and sexual dysfunction. Violence may also affect their reproductive health (World Health Organisation, 2000).
- **Attitudes:** One in 3 young men think violence against a partner is sometimes justified (BBC Hitting Home Season 2003) One in 2 young men believed it acceptable in certain circumstances to rape (Burton S Edinburgh 1999)

4.5 Nationally domestic violence accounts for a quarter of all violent crimes. In 2006-7 in Nottingham and Nottinghamshire 19.6% of

violence was domestic related i.e. 4297 violent crimes against the person out of a total of 21,938.

- 4.6 Locally in Nottingham and Nottinghamshire, with a population of 414,895 women over 16, it is estimated that 100,000 of those women will experience domestic violence at some point in their lives and 40,000 women are currently experiencing domestic violence. It is the second highest form of violent crime in Nottingham/shire.
- 4.7 Domestic abuse is a significant feature in the lives of many of those children made subject to a child protection plan in Nottinghamshire and Nottingham City
- 4.8 Many people are now familiar with the fact that on average at least 2 women are killed every week, in England and Wales alone, by their male partner or ex-partner (130 each year on average)⁴. A new requirement to conduct '**Domestic Homicide Reviews**', along similar lines to 'Serious Case Reviews' following child deaths, has recently been implemented. There will be a requirement for partner agencies to contribute to the review and give a view as to what could have been done to prevent any domestic homicides in our area.
- 4.9 In 2009/10 there were 19,185 reports to the Police due to domestic violence across the two authorities with a repeat report rate of approximately 28%
- 4.10 According to British Crime Survey there are 3 children in a classroom of 30 living with domestic violence, which means there are approximately 19,000 children and young people under 16 living with domestic violence in Nottingham and Nottinghamshire. These will be at risk of abuse from parents, family members and their own relationships.
- 4.11 The Nottingham domestic violence sector and Police have worked hard to increase confidence of the public to reporting of domestic violence since the first multi agency domestic violence awareness campaign in 2000. This confidence has begun to show fruit since the well publicised crime reduction initiatives supporting the LAA stretch target have begun to impact.

⁴ Home Office British Crime Survey 2004/05

5.0 The Impact of Domestic Violence

- 5.1 Domestic violence affects all equality strands regardless of age, gender, wealth, sexuality and geography. However it is mainly women who suffer and the presence of children in the household is associated with nearly double the risk of domestic violence for women.⁵
- 5.2 Domestic Violence is often an attack on the mother-child relationship, not just woman abuse or child abuse. Assessments must consider at what point exposing children to violence and abuse has an impact on their welfare and they become in need of support and services, or protection, and consider how to confront that issue with sensitivity. While any incident of abuse will be frightening for children, there are more likely to be concerns about significant harm to children where the abuse is chronic, serious and frequent.

On Children

- 5.3 Although home is where a child should feel safe, children may experience domestic violence both directly and indirectly. When one household member is abusing another, any children within the home are highly likely to suffer mentally and/or physically as a result. The violence is happening within their world and in their home. It is happening between people they feel love and have loyalty towards, who have control over their lives and who are role models for them.
- 5.4 Children who witness domestic violence suffer emotional and/or psychological maltreatment⁶. They may have low self-esteem and experience increased levels of anxiety, depression, anger and fear, poor resolution skills, lack of empathy for others, poor peer relationships and school performance, anti-social behaviour, pregnancy, alcohol and substance misuse, self blame, hopelessness, shame and apathy, post traumatic stress disorder – symptoms such as hyper-vigilance, nightmares and intrusive thoughts – images of violence, insomnia, enuresis and over protectiveness of parent and/or siblings.
- 5.5 The risks and impact to children living with domestic violence include:
- direct physical or sexual abuse of the child
 - the child being abused as part of the abuse against the non-abusing parent
 - being used as pawns or spies by the abusive partner attempts to control the non-abusing parent
 - being encouraged, enabled or forced to participate in the abuse and degradation by the abusive partner
 - emotional abuse and psychological trauma to the child from witnessing the abuse
 - living with fear

⁵ Walby and Allen 2004

⁶ Section 31 Children Act 1989

- hearing the abusive partner verbally abuse, humiliate and threaten violence
- observing bruises and injuries sustained by the non-abusing parent
- hearing the non-abusing parent's screams and pleas for help
- observing the abusive partner being removed and taken into Police custody
- witnessing the non-abusing parent being taken to hospital by ambulance
- attempting to intervene in a violent assault
- being physically injured as a result of intervening or by being accidentally hurt whilst present during a violent assault
- negative material consequences for a child of domestic violence
 - being unable or unwilling to invite friends to the house
 - frequent disruptions to social life and schooling from moving with the non-abusing parent fleeing violence.

5.6 There are no specific indicators of the impact of domestic violence on children. However it is similar to the effects of any other abuse or trauma and will depend upon such factors as:

- 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 the non-abusing parent, siblings and other family members
- the nature and length of the child's wider relationships and social networks
- the child's capacity for and actual level of self protection

5.7 For information on barriers to disclosure and good practice in talking to children and young people, see the Practice section.

The Impact of Domestic Violence On Unborn Children

5.8 In almost a third of cases domestic violence begins or escalates during pregnancy and it is associated with increased rates of miscarriage, premature birth, foetal injury and foetal death. The mother may be prevented from seeking or receiving proper ante-natal or post-natal care. In addition, if the mother is being abused this can affect her attachment to her child, more so if the pregnancy is a result of rape by her partner.

5.9 Under the Infant Life (Preservation) Act 1929 any person who with intent to destroy the life of a child capable of being born alive (pregnant for 28 weeks or more*), by any wilful act causes a child to die before it has an existence independent of its mother shall be guilty of an offence. (No offence under this Act is committed by a registered medical practitioner who terminates a pregnancy in accordance with the provisions of Abortion Act 1967).

If any agency worker suspects this offence has been committed they must contact the Police Detective Chief Inspector, Public Protection

*a pregnancy of 28 weeks or more will be assumed as being capable of being a born alive - less than that would need to be proven on a case by case basis.

The Impact Of Domestic Violence On The Non-Abusing Parent And Their Ability To Parent

- 5.10 The child/ren may be reliant on the non-abusing parent as the only source of positive parenting. This is particularly so because domestic violence very often includes high levels of punishment, the misuse of power and a failure of appropriate self-control by the abusive partner.
- 5.11 Many non-abusing parents seek help because they are concerned about the risk domestic violence poses to their child/ren. However, domestic violence diminishes their capacity to protect their child/ren and the non-abusing parent can become so preoccupied with their own survival within the relationship that they are unaware of the effect on their child/ren.
- 5.12 Non-abusing parents subjected to domestic violence have described the effects including:
- loss of self-confidence as an individual and parent
 - feeling emotionally and physically drained, and distant from the children
 - not knowing what to say to the children
 - inability to provide appropriate structure, security or emotional and behavioural boundaries for the children
 - difficulty in managing frustrations and not taking them out on the children
 - inability to support the child/ren to achieve educationally or otherwise.
- 5.13 Domestic violence contributes directly to the breakdown of mental health. Mothers experiencing domestic violence are very likely to suffer from depression and other mental health difficulties leading to self-harm, attempted suicide and/or substance misuse. (See next chapter).

Men Who Experience Abuse From Intimate Partners

- 5.14 Approximately 1 in 140 men will experience 4 or more incidents of abuse from an intimate partner at some point in their life, whether from male or female partners (D.Carnell, 'Supporting Men who experience abuse from intimate partners' 2008).
- 5.15 Men can experience physical, sexual, financial and emotional abuse and have children used against them as part of the abuse. 73% of gay male survivors had experienced sexual abuse and 79% experience physical violence (Merrill & Wolfe, 2000). 85% of heterosexual male

survivors will experience emotional abuse and 72% physical violence (Carnell, 2008).

- 5.16 Only 5% of all male survivors, however, experience fear from the abuser (Gadd et al 2002, Carnell 2004, British Crime Survey 1996 and 2001).
- 5.17 Male survivors often feel humiliated, isolated, rejected, depressed, angry, revengeful and ashamed by the abuse they experience. They often request legal advice, counselling, parenting support, alternative accommodation (but rarely emergency accommodation), and specialist support relating to BME issues, disability or sexuality.
- 5.18 As a result of the abuse they may suffer mental ill-health, drop out of work, lose contact with friends and/or have reduced contact with their children.
- 5.19 Practitioners need to pay special attention to the fact that, approximately 50% of men who claim to be victims of domestic violence turn out to be the predominant abusers. This is being uncovered by frontline specialist helpline services for male survivors, Police and by research teams using qualitative research methodology rather than quantitative methodology (Gadd et al 2002, Carnell 2004, Robinson & Rowlands 2006).
- 5.20 NDVF has produced a very informative and practical resource to help organisations deliver good practice in supporting male survivors. NDVF offers training on this issue. Contact NDVF on 0115 9623237, enquiries@ndvf.co.uk, www.ndvf.org.uk.

PRACTICE SECTION

6.0 Multi-agency Domestic Violence Risk Identification Process for Survivors and their Families

- 6.1 This section is aimed at staff in any organisation, other than Children's Social Care, who come into contact with children and families where domestic violence has occurred. It aims to assist in determining the appropriate level of intervention in any given situation.
- 6.2 The Domestic Abuse Stalking and Harassment and Honour Based Violence risk model (DASH) for survivors and their families involves using the DASH Form to assist in evaluating the level of risk. All agencies, both statutory and voluntary, have a responsibility for the identification of risk due to domestic violence. The form provides professionals with a practical tool to assist in this process.
- 6.3 It is important to note that whereas the tool provides a useful framework for assessment, this does not take away the need for staff to exercise professional judgement in determining the need to take action including making a referral to Children's Social Care. These decisions should not be made exclusively on the basis of the score obtained using the tool where this does not match the worker's judgement.
- 6.4 Where any member of staff has a concern for a child and, following discussion with their manager (or identified safeguarding lead), remain unsure of the best way to proceed, advice can be sought from Children's Social Care.
- 6.5 The DASH form should be used by professionals working with children to come to a judgement about the level of risk of harm to a child. This may include deciding that the available information is not enough to form a sound judgement about the risk level. Professionals should keep in mind the possibility that information currently not known could significantly raise the threshold of risk for a child. Interventions linked to each level of risk are detailed in Chapter 14 (Safety Planning).
- 6.6 The DASH form is based on research (in relation to adults) of domestic violence homicides; the model highlights certain factors that are consistently associated with heightened risk.
- 6.7 The DASH Form (Appendix 1) is the basis by which all staff will identify risk where there is domestic violence within families. There are additional specific responsibilities for the Police in terms of risk identification for adults without children and professionals working with children where risk has been identified.
- 6.8 This form should be used with the survivor on their own with sufficient time to complete the form. The form should be completed in a safe place and not in front of the child/ren. Completion of the form may be distressing. Explain to the survivor that you need to assess the risk level in order to make the appropriate response.

- 6.9 The DASH form uses simple questions in order to determine the level of risk in relation to the survivor and any children. The answers to the questions will equate to a score that will assist in determining what action should be taken. It is important that all professionals involved with the survivor and their family communicate in order to determine who will be responsible for completing the assessment and making the necessary referrals.
- 6.10 Outlined below are the routes to be taken in relation to children in more detail.

Open cases to Children's Social Care

- 6.11 In all cases, and irrespective of the risk assessment, where a case is known to be open to children's social care, contact should be made with the responsible social worker, or their manager if absent.

High Risk

- 6.12 **A referral must be made to Children's Social care in all cases where an assessment of High Risk has been made.** Referrals must be made as soon as possible following a concern becoming apparent and confirmed in writing within 24hrs.
- 6.13 Arrangements about who makes the referral will vary between agencies. All partner agencies of the NCSCB/NSCB should have their own procedures identifying who should be consulted prior to and who should make a referral to Children's Social Care.
- 6.14 Referral during office hours is normally to the duty social worker of the Children's Social Care Fieldwork Teams. If the situation is urgent and it is not possible for any reason to make contact with Children's Social Care, the concern should be reported to the Police. Outside of office hours urgent referrals must be made to the Children's Social Care Emergency Duty Team (EDT).

City: 0115 9159299
County : (0300) 456 45 46

- 6.15 When making a referral it is important to ensure that the nature of the concern is conveyed, as a simple request for CSC to ring back is not sufficient.
- 6.16 **Contact must not be delayed**, (where the situation is urgent), pending the gathering of all relevant information or being able to get hold of your lead officer for child protection.

Referrals must be confirmed in writing within 24 hours by the referring agency in accordance with Section 5, Chapter 3 of the Inter-agency Procedures.

Medium Risk

- 6.17 Where an assessment of **medium risk** has been made, a multi agency assessment and action plan should be undertaken in relation to the children, using the Common Assessment Framework (CAF) process where implemented.
- 6.18 Within Nottingham City, in these circumstances, a CAF should always be initiated utilising the Locality Access Points .

Within the County, where Joint Access Teams (JATs) exist, the case should be referred to the JAT for consideration and initiation of a CAF. Outside of a JAT area consideration should be given by the identifying agency as to what action needs to be taken and the best way to engage colleagues in other agencies in the making of an assessment. (See comment at 6.3 above in relation to seeking advice from Children's Social Care).

- 6.19 As part of these processes information should be sought from other agencies as to their current or previous involvement. The agency supplying this information should assist in interpreting the significance of their current or previous involvement.
- 6.20 Details of how to develop a CAF, plus additional for use with children, young people and families can be found on the following websites :

www.nottinghamshire.gov.uk/home/learningandwork/childrenstrust/commonassessmentframework.htm

www.nottinghamics.org.uk

Standard Risk

- 6.21 Where an assessment of **standard risk** has been made, a Women survivor should be referred to Domestic Violence 24 hour Helpline (0808 800 0340). Additional support for the child/ren could be identified through initiating a CAF or signposting to agencies listed below:

- Place 2 Be (Nottingham Primary Schools)
- Family Care
- www.respectnotfear.co.uk (NDVF site aimed at children and young people)
- Health Visitors/ School Nurses
- Children's Centre's
- Specialist Domestic Violence Children's Outreach (accessed via the Domestic Violence 24 Hour Helpline)

- 6.22 Professionals should sign post or refer Women survivors to the Women's Aid 24hour Helpline (0808 800 0340) for independent specialist advice and advocacy. Male survivors should be referred to Victim Support (see appendix 7).

Barriers to Disclosure and Enabling Disclosure

Barriers to Disclosure for Survivors

- 7.1 It is crucial to establish from the adults or children if domestic violence is an issue. The best way to do this is sensitively ask through developing conditions of trust and then take responsibility and provide assistance.
- 7.2 Professionals will work with many survivors who are experiencing domestic violence who have not disclosed – survivors usually experience 35 incidents before reporting it to the Police⁷. The reason for this is usually because the survivor fears that the disclosure (and accepting help) will be worse than the current situation.
- 7.3 A survivor may:
- minimise their experiences and/or not define them as domestic violence, especially if there is no physical violence
 - fear that the child/ren will be taken into care
 - fear the abusive partner will find the survivor again through lack of confidentiality
 - believe the abusive partner's promise that it will not happen again (many non-abusing parents do not necessarily want to leave the relationship, they just want the violence to stop)
 - feel shame and embarrassment and may believe it is their fault
 - feel they will not be believed
 - fear the abuser will have them detained
 - fear they will be deported
 - fear that the status of the abuser will be exposed and the non-abusing parent will be punished with an escalation of violence
 - be scared of the future (where to go, what to do for money, whether to hide forever and what will happen to the children)
 - be isolated from friends and family or be prevented from leaving the home or reaching out for help

Barriers to Disclosure for a Child

- 7.4 Children affected by domestic violence often find disclosure difficult or go to great lengths to hide it. This could be because the child is:
- protective of their non-abusing parent
 - protective of their abusing parent

⁷ Yearnshire 1997

- extremely fearful of the consequence of sharing family 'secrets' with anyone. This may include fears that it will cause further violence to their mother and/or themselves
- being threatened by the abusing parent.

Enabling Disclosure

Good Practice Principles

With Survivors

Routine enquiry: Incorporation of routine enquiry about domestic violence into health and social care assessments has been effective in increasing disclosure; and evidence suggests that victims of domestic violence are more likely to disclose if they are asked directly. Pregnancy is an opportune time to ask women about domestic violence as many mothers say that it made them think seriously about the future and how their children might be affected by the violence in the long-term. (Mezey & Brewley 2000).

Disclosure Questions for a Non-Abusing Parent/Survivor

Non-abusing parents are usually too afraid or uncomfortable to raise the issue of violence themselves. There are a range of questions that will enable disclosure; be prepared to ask sensitively, but directly:

- Can you tell me what's been happening?
- You seem upset, is everything all right at home?
- Are you frightened of someone / something?
- Did someone hurt you?
- Did you get those injuries by being hit?
- Are you in a relationship in which you have been physically hurt or threatened by your partner?
- Have you ever been in such a relationship?
- Do you ever feel frightened by your partner or other people at home?
- Are you (or have you ever been) in a relationship in which you felt you were badly treated? In what ways?
- Has your partner destroyed things that you care about?
- Has your partner ever threatened to harm your family? Do you believe that he would?
- What happens when you and your partner disagree?
- Has your partner ever prevented you from leaving the house, seeing friends, getting a job or continuing in education?
- Has your partner ever hit, punched, pushed, shoved or slapped you?
- Has your partner ever threatened you with a weapon?
- Does your partner use drugs or alcohol excessively? If so how does he behave at this time?
- Do you ever feel you have to walk on eggshells around your partner?

- Have you ever been physically hurt in any way when you were pregnant?
- Has your partner ever threatened to harm the children? Or to take them away from you?

7.5 Health Visitors, Midwives and Children's Centre staff have been trained locally to routinely enquire into domestic violence into their assessments as part of government best practice outlined in the Department of Health domestic violence manual 'responding to domestic abuse'. This can be downloaded from the Nottinghamshire Domestic Violence Forum website on www.ndvf.org.uk

7.6 Professionals should sensitively offer direct questions for survivors to answer. Where appropriate professionals can use the Duluth Power & Control Wheel to explore the range and type of abuse experienced (see appendix 2).

7.7 When a professional becomes aware through disclosure or otherwise that a survivor is experiencing domestic violence, the professional should check whether the survivor has an effective emergency plan/strategy for keeping themselves and their children safe. See section 9 on 'Safety Planning' and NDVF website which has a downloadable safety plan.

7.8 Professionals should take all disclosures seriously and the impact of the domestic violence on the non-abusing parent and the child/ren should be clearly explained to them.

7.9 Professionals should explain that priority will be given to ensuring that the family's safety will not be further compromised and that no information will be passed on without the non-abusing parent's consent unless there is evidence of risk of harm to the child/ren, then there is an overriding duty on agencies to ensure the protection of child/ren.

7.10 Trusting relationships between professionals and non-abusing parents/survivors and their children is essential when enabling disclosure to take place.

With Children

7.11 It is essential that whatever support is provided for children it is done by professionals with an understanding of domestic abuse and the effect on children.

7.12 Each child's needs must be considered individually. Professionals working with any child presenting with emotional and behavioural difficulties should consider the possible presence of domestic violence.

7.13 Where professionals are concerned about the care a child is receiving or about the non-abusing parent's parenting, the presence of domestic violence should be considered. There are a series of

questions that can be used to establish if domestic violence is an issue.

- 7.14 Evidence suggests that children's recovery can be aided by openness about their experience they need to be able to make sense of their experiences and gain support. Children often want to be heard and believed.
- 7.15 Where appropriate, professionals should always see each child on their own.
- 7.16 When talking with and listening to a child about domestic violence practitioners should:

- never promise complete confidentiality – explain your responsibilities
- do promise to keep the child informed of what is happening
- Use the CAF Assessment Triangle to gather evidence and make professional judgements about the impact of domestic violence on the child / young person's development. CAF is still being introduced in Nottinghamshire – see Children and Young People's Services website for up to date information
- give the child time to talk and time to understand the situation from the child's perspective.
- create opportunity for the child to disclose whether in addition to the domestic violence they are also being, or at risk of being, directly physically or sexually abused by the abusive partner.
- be straight and clear, use age appropriate language
- encourage them to talk with their non-abusing parent – as appropriate
- emphasise that the violence is not their fault
- let them know that they are not the only children experiencing this
- make sure that they understand it is not their responsibility to protect their non-abusing parent, whilst validating the child's concern and any action they may have taken to protect them
- do not assume that the child or young person will hate the abuser, it is likely that they will simply hate the behaviour
- allow them to express the feelings about what they have experienced
- check with the child that they know what to do to keep themselves safe and have a network of adults who they trust. If not, work on this with them or ensure that any work done with the child by other professionals includes safety planning. See section 15 on Safety Planning.
- recognise that children will have developed their own coping strategies to deal with the impact of violence and abuse. Some of these may be negative in the longer term for the child, but where they are positive they should be drawn on to develop safety strategies for the future.
- do not minimise the violence

- offer them support with any difficulties in school or ensure that any work done with the child by other practitioners includes support in school
- give the child information about sources of advice and support they may want to use
- give the message that the child can come back to you again.

7.17 If there is evidence of significant harm to the child/ren then professionals **must** act in accordance with the Nottingham City/ Nottinghamshire SCBs' Child Protection Procedures.

7.18 Professionals should record fully all disclosures, details of injuries, photographic evidence, abuse history etc in case it is needed as evidence for court at a later date.

8.0 Talking to Children and Young People about Domestic Abuse

- 8.1 Using the domestic violence responses to the questions from the child additional information can be captured regarding the domestic violence situation.
- 8.2 Professionals should also use the 9 assessment areas outlined below to identify and collect information on which to base their decision making. This information should be incorporated into the CAF/ core assessment and used to identify gaps in knowledge about the family's situation /circumstances as well as assessing the presenting risk (Framework for the Assessment of Children in Need and their Families (DoH 2000). They include the following:
- nature of the abuse
 - risks to the children posed by the perpetrator
 - risks of lethality
 - perpetrators pattern of assault and coercive behaviours
 - impact of the abuse on the non-abusing parent
 - impact of the abuse on children
 - impact of the abuse on parenting roles
 - protective factors
 - the outcome of earlier attempts to seek help.

Good Practice Principles

- 8.3 Professionals should always consider each domestic violence incident in relation to severity, frequency and duration as this will indicate length of time children have been exposed to a traumatic and abusive event.
- 8.4 Professionals should check with other agencies to ensure a multi-agency approach and use the CAF to develop a multi agency assessment.
- 8.5 Professionals should make contact with the non-abusing parent first and in a way which prioritises her safety, unless there are immediate risks to the child/ren. Giving or sending written materials to a non-abusing parent or children may jeopardise their safety.
- 8.6 Professionals should ensure that the non-abusing parent is seen alone.
- 8.7 Professionals should ensure that each child is seen alone and individually assessed.
- 8.8 Interpreters, not family members, must be used where the family's first language is not English.

Domestic Violence Questions for a Child

8.9 In order to obtain accurate and reliable information from a child regarding a domestic violence situation, it is critical that the language and questions are appropriate for the child's age and developmental stage.

8.10 Types and Frequency of Exposure to Domestic Violence

- What kinds of things do mum and dad (or their girlfriend or boyfriend) fight about?
- What happens when they argue?
- Do they shout at each other or call each other bad names?
- Does anyone break or smash things when they get angry? Who?
- Do they hit one another? What do they hit with?
- How does the hitting usually start?
- How often do your mum and dad argue or hit?
- Have the Police ever come to your home?
- Have you ever seen your mum or dad get hurt? What happened?

8.11 Risks Posed by the Domestic Violence

- Have you ever been hit or hurt when mum and dad (or their girlfriend or boyfriend) are fighting?
- Has your brother or sister ever been hit or hurt during a fight?
- What do you do when they start arguing or when someone starts hitting?
- Has either your mum or dad hurt your pet?

8.12 Impact of Exposure to Domestic Violence

- Do you think about mum and dad (or their girlfriend or boyfriend) fighting a lot?
- Do you think about it when you are at school, while you're playing, when you're by yourself?
- How does the fighting make you feel?
- Do you ever have trouble sleeping at night? Do you have nightmares? If so, what are they about?
- Why do you think they fight so much?
- What would you like them to do to make it better?
- Are you afraid to be at home? To leave home?
- What or who makes you afraid?
- Do you think its okay to hit when you're angry? When is it okay to hit someone?
- How would you describe your mum? How would you describe your dad? (Or their girlfriend or boyfriend).

8.13 Protective Factors

- What do you do when mum and dad (or their girlfriend or boyfriend) are fighting?
- If the child has difficulty responding to an open-ended question, the professional can ask if the child has:
 - Stayed in the room
 - Left or hidden his/herself
 - Gone for help
 - Gone to an older sibling
 - Asked their parents/the girlfriend or boyfriend to stop
 - Tried to stop the fighting
- Have you ever called the Police when your parents (or their girlfriend or boyfriend) are fighting?
- Have you ever talked to anyone about your parent's (or their girlfriend or boyfriend) fighting?
- Is there an adult you can talk to about what's happening at home?
- What makes you feel better when you think about your parent's (or their girlfriend or boyfriend) fighting?

9.0 Safety Planning

See Appendix 7, information, advice and options for survivors, Appendix 4 Safety Planning for Survivor and Appendix 5 for safety plan for children and young people

- 9.1 Safety planning for non-abusing parents and children is central to all interventions to safeguard children in domestic violence situations. All assessments should include a judgement on existing safety planning, to inform future safety planning.
- 9.2 In some cases which reach High Risk, the emergency safety plan/strategy should be for the children and, if possible, the non-abusing parent not to remain in/return to the home. In all other cases, emergency safety plans should be in place whilst assessments, referrals and interventions are being progressed.

Safety Planning With Non-Abusing Parents

- 9.3 Non-abusing parents experiencing domestic violence:
- may have been experiencing the abuse over a long period of time
 - be subjected to a mixture of physical, sexual and emotional abuse
 - may be limited in their movements
 - may have had no access to their own money or be excluded from dealing with finances
 - will probably have done a whole range of different things already to try and stop or manage the violence
 - may not have spoken to anyone about it before
 - will want to stop or escape the violence, but may want to save the relationship
 - may be frightened of professionals as well as the abusive partner
 - are likely to blame themselves for the violence, be lacking in confidence, and be very sensitive to others' views/ advice/ condemnation.
- 9.4 Safety planning needs to begin with an understanding of the non-abusing parent's views of the risk to themselves and their child/ren and the strategies in place to address them. A key question is whether the non-abusing parent plans to remain in the relationship with the abusive partner.

Separation:

Good Practice Principles

- 9.5 Professionals should use the proforma for safety planning with survivors in Appendix 8 to help the non-abusing parent develop a safety plan.
- 9.6 Where a non-abusing parent disclosing domestic violence indicates that their plan is to separate from the abusive partner, professionals need to ensure that there is sufficient support in place to enact this plan, bearing in mind that research shows that violence can escalate at the point of separation. The possibility of removing the abusive partner rather than the non-abusing parent and child/ren, should be considered first. See Legal & Housing Options in Appendix 1.
- 9.7 A team around the child or core group of key agencies should be convened e.g. Social Care, housing, advocacy worker, DASU, Women's Aid. A Lead Professional from the group should be agreed to proactively engage with the non-abusing parent and maintain contact, particularly immediately after separation, or refer to a IDVA.
- 9.8 The core support group should meet regularly to review progress on the safety/separation plan.
- 9.9 Non-abusing parents need to know from the outset that, in the event of the safety/separation plan not being effective, a referral to Children's Services Social Care may need to be undertaken, or if already open to Children's Services Social Care, an Initial Child Protection Conference (ICPC) may be called or removal of the children if there is a serious risk of immediate harm.

Remaining With the Abusive Partner

- 9.10 During the course of an assessment the non-abusing parent may indicate that although their safety plan involves remaining with the abusive partner, they do not want the abusive partner spoken to by professionals.
- 9.11 Where there is evidence of risk of further violence, a safety plan involving the non-abusing parent staying with the abusive partner can only be agreed where it is judged safe by the agencies to address concerns with the abusive partner.
- 9.12 Abusive partners should be interviewed as part of a child protection investigation for cases that have reached threshold 3 and 4.

Good Practice Principles

- 9.13 Where a non-abusing parent indicates that they propose to remain in the relationship with the abusive partner, professionals should use the DASH Risk Assessment and Risk Classification Grid (Appendix 1) to assess whether the risks of harm to the children can be managed with such a plan.
- 9.14 If a professional addressing concerns with the abusive partner will put the non-abusing parent and children at further risk, then the professional and the non-abusing parent should plan for separation. Professional should be aware that separation can be a trigger for further violence and increased risk. Support and safety planning during this time must be paramount.
- 9.15 Although each circumstance must be assessed individually, it is difficult to regard it as safe for a non-abusing parent and their children to remain in the home where the abusive partner is unwilling to acknowledge a pattern of violent behaviour and his responsibility to change it.
- 9.16 Key obstacles in the way of a non-abusing parent leaving an abusive partner are the same as those which prevent non-abusing parents from disclosing the domestic violence in the first place – fears that the separation will be worse than the current situation or fatal.
- 9.17 Professionals need to be aware that separation may not be the best safety plan if the non-abusing parent is not wholly committed to leaving, and in consequence may well return. A plan should be put in place (where possible having discussed this with the woman first) for when and how you will challenge the perpetrator about his abuse and supporting beliefs.
- 9.18 In circumstances where it is judged unsafe for a non-abusing parent and their child/ren to remain with an abusive partner, the safety plan should be changed to one of separation from the abusive partner.
- 9.19 Where a professional and a non-abusing parent disagree about the need for separation, the professional's task is to convey to the non-abusing parent that her reasons for wanting to stay are understood and appreciated. However, if the threshold of significant harm is reached the professional will need to consider a referral to social care, an ICPC or immediate removal of the children.

Safety Planning With Children

- 9.20 Each child in a family experiencing domestic violence should have their own safety plan drawn up, as soon as professionals become aware of violence within the family.
- 9.21 As soon as a professional becomes aware of domestic violence within a family they should use the proforma for safety planning with children in Appendix 5 to help the non-abusing parent and each child, according to their age and understanding, develop a safety plan.
- 9.22 The plan should emphasise that the best thing a child can do for themselves and their non-abusing parent is not to try to intervene but to get away and seek help.
- 9.23 Children should be given the Childline number: 0800 1111
- 9.24 When the non-abusing parent's Safety Plan involves separation from the abusive partner, the disruption and difficulties for the child/ren need to be considered and addressed.
- 9.25 Maintaining and strengthening the non-abusing parent/child relationship is in most cases key to helping the child to survive and recover from the impact of the violence and abuse.
- 9.26 The child may need a long term Multi Agency Action Plan with the support ranging from mentoring and support to integrate into a new locality and school/nursery school or attend clubs and other leisure/play activities through to therapeutic services and group work to enable the child to share their experiences.
- 9.27 Professionals should ensure that the Team around the Child or Core Support Group of key agencies (and the non-abusing parent) develops a plan for the longer term support needs for the child/ren. This may include referrals to relevant local activity groups and/or therapeutic services.

10.0 Contact

- 10.1 In many cases, where the abusive partner is also father to the victim's children, the women, despite a decision to separate from the abusive partner, believe that it is in the children's best interests to see their father. Others may be compelled by the courts in private law proceedings to allow contact as courts prefer children to grow up knowing both parents unless there is good reason to refuse contact.
- 10.2 Non-abusing parents can be most vulnerable to serious violent assault in the period after separation. Contact can be a mechanism for the abusive partner to locate the non-abusing parent and children.
- 10.3 Survivors should be encouraged to seek legal advice on contact arrangements – Women's Aid Groups can help to arrange a free initial consultation with experienced family law practitioners.
- 10.4 Children can also be vulnerable to violent assault as a means of hurting the non-abusing parent. Abusers can also use contact with the child/ren to hurt the non-abusing parent by, for example verbally abusing the non-abusing parent to the children or blaming them for the separation. Thus through contact the child/ren can be exposed to further physical and/or emotional and psychological harm.

Good Practice Principles

- 10.5 Professionals supporting separation plans should consider at an early point the non-abusing parent's views regarding post separation contact. The professional should outline for the non-abusing parent clearly the factors which need to be considered to judge whether contact is in the child's best interests.
- 10.6 Professionals should also speak with and listen to each child regarding post separation contact.
- 10.7 Professionals should complete an assessment of the risks to the non-abusing parent and child/ren from contact.
- 10.8 Where the assessment concludes that there is a risk of harm, the professional must recommend that no unsupervised contact should occur until a further risk assessment has been undertaken, preferably by professionals with expertise in working with abusers.
- 10.9 Professionals should advise non-abusing parents of their legal rights if an abusive partner makes a private law application for contact. Where possible, non-abusing parents should be given the details of domestic violence friendly family law solicitors.
- 10.10 If there is an assessment that unsupervised contact or contact of any kind should not occur, professionals should ensure that this opinion is brought to the attention of any Court hearing applications for contact. Practitioners should be proactive in ensuring a Section 7 welfare report is requested and completed for private law proceedings.

10.11 Professionals should ensure that any supervised contact is safe for the non-abusing parent and the child/ren. The type of venue where contact takes place should be given detailed consideration in terms of potential risks to this and any other children.

10.12 Contact arrangements should be reviewed regularly. Child/ren's views should be sought as part of this review process.

11.0 Working With Abusive Partners/Children

Working with People Who Abuse Their Partners (see also Appendix 6)

- 11.1 The primary aim of work with men who abuse their partners is to increase the safety of survivor and children. A secondary aim is to hold the abusive partner accountable for his violence.
- 11.2 Men who abuse their partners will seek to control any work a practitioner undertakes with them. They usually cover up, deny or minimize the abuse.

Good Practice Principles

- 11.3 Before contacting an abusive partner, practitioners should consider fully the risks for the mother and children. Specifically, professionals should not tell him what the allegations are before having developed a safety plan for this with the mother and the children.
- 11.4 Where a mother indicates it is not safe for the abusive partner to be informed of her disclosure, this wish should be respected so long as her safety plan involves separation between her and the abusive partner. In this situation a timescale for enacting this separation will need to be agreed and support be provided to ensure it can be achieved. If the mother is not choosing to separate then the abusive partner will need to be involved in the assessment and intervention. The professional needs to consider with the mother the actions required prior to contacting the abusive partner to ensure her and the children's safety.
- 11.5 Professionals should make all reasonable efforts to engage the abusive partner and refer them to appropriate services
- 11.6 Where an abusive partner is willing to acknowledge his violent behaviour and seeks help to change this should be encouraged and affirmed. Work will be required to address the cognitive structures that underpin controlling behaviours.
- 11.7 Professionals should avoid referring for anger management, as this approach does not challenge the factors that underpin the abusive partner's use of power and control). NDVF has produced leaflets for men about stopping their abuse against women, so a leaflet should be given to the man and, where possible and safe; the professional should discuss the content of the leaflet with the man. This will aid structure and focus to the time spent talking to him about his abuse and for challenging his beliefs and his use of abuse.
- 11.8 NDVF has a range of posters aimed at challenging men's abuse of women. Ensure that these are visible on walls at your premises where you might have meetings with domestic violence perpetrators. NDVF

has also produced a workbook to help practitioners carry out assessments, interviews or short pieces of work with male perpetrators.

11.9 When a mother leaves a violent situation the abusive partner must never be given the address or phone number of where she is staying.

11.10 Professionals should never agree to accept a letter or pass on a message from an abusive partner unless the mother has requested this.

11.11 Joint work between an abusive partner and a mother should only be considered where the abusive partner has completed work to address his controlling behaviour.

11.12 Men who abuse their partners should be invited to joint meetings with the mother only where it is assessed that it is safe for this to occur.

11.13 Professionals should ensure that consideration is given to their safety due to the potential risks whilst working with families where one or more family members are violent. As domestic violence can be present but undisclosed, good practice principles should be routinely adopted.

Children Who Abuse Family Members

11.14 Children and young people of both genders can direct violence or abuse towards their parents or siblings. The hostile behaviour of children who abuse in this way usually has its roots in early emotional harm, for which the child will need support and treatment.

11.15 Actions to manage the abuse for the survivor will vary depending on the severity of the abuse and the age of the children or young people abusing their parent or siblings.

11.16 The survivor's experience of the abuse should be acknowledged as they may feel guilt, fear, confusion, regarding the young person's behaviour and they should be assisted to make decisions in the best interest of themselves and the abusive child or young person.

11.17 The young person may have developed abusive behaviour as a result of witnessing years of abuse from a perpetrator and it is important that this is challenged to prevent this behaviour being seen as a valid option. It should also be challenged because the young person may be distressed by their behaviour. The relationship between themselves and the non abusing parent has been affected by living with the abuse.

11.18 Options for the family may include the young person being encouraged to stay at a friends or relatives whilst they rebuild their relationship with the non abusing parent, if old enough the young person could be referred into a refuge or hostel or young people's project, or the family

to be referred to the Family intervention Project or for counselling at Family Care or CAMHS.

- 11.19 The survivor should not be left to manage the situation without support, including being offered refuge without the young person, or Sanctuary again without the young person

12.0 Domestic Violence, Substance Misuse and Mental Health

Non-Abusing Parents

- 12.1 Non-abusing parents who experience domestic violence are more likely to use prescription drugs, alcohol and illegal substances and vice versa.
- 12.2 For a non-abusing parent experiencing domestic violence, alcohol and drugs can represent a wide range of coping and safety strategies. Non-abusing parents may have started using legal drugs prescribed to alleviate symptoms of a violent relationship. Non-abusing parents 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. Alcohol and drug use can help eliminate or reduce these feelings and therefore become part of how the survivor copes with the abuse.
- 12.3 Non-abusing parents can be coerced and manipulated into alcohol and drug use. Abusers may often introduce their partner to alcohol or drug use to increase their dependence and to control their behaviour. Furthermore, any attempts by the non-abusing parent to stop the alcohol or drug use are threatening to the controlling partner and some abusers will actively encourage non-abusing parents to leave treatment.
- 12.4 Non-abusing parents in abusive relationships are also at risk of sexual exploitation. Non-abusing parents working in prostitution may be subjected to domestic abuse through their relationships with their “pimps”; these relationships will invariably be based on power, control or the use of violence.
- 12.5 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 non-abusing parents.
- 12.6 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.

Abusive Partners

- 12.7 Abusers may use their own or their partner's alcohol or drug use as an excuse for their violence. An abusive partner may threaten to expose a survivor's use. The abuser may be the supplier, and may increase the survivor's dependence by increasing the dependence on drugs.
- 12.8 Despite the fact that alcohol, drugs and violence to survivors often co-exist, 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 even when drunk.

Good Practice Principles

Non-Abusing Parent

- 12.9 The relationship between a non-abusing parent's alcohol and drug use and/or mental health problems and her experiences of domestic violence may not (or not at all) be linked. Assessment and interventions for non-abusing parents therefore need to be conducted separately, although as part of the same care plan, and at the same time.

Perpetrator

- 12.10 Even when the 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.

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. See local authority substance misuse and domestic violence good practice guidance:

13.0 Domestic Violence and People with Disabilities

- 13.1 People with disabilities are more likely to be victims of domestic violence and abuse by their loved ones than are the rest of the population. This is true of physical abuse, verbal abuse, sexual abuse, neglect, overdosing or withholding medication, stealing money, immobilization, financial abuse and denying necessary equipment.
- 13.2 People with disabilities are more likely to be abused for a longer duration and to suffer abuse from more than one individual. People with disabilities are more likely to depend on their abusers for food, personal care services, health care support and other vital roles.
- 13.3 People with disabilities suffer from physical, sexual and emotional abuse at roughly the same rates as people without disabilities, although women with disabilities are more likely to be sexually abused than their non disabled counterparts. There is very little research on the sexual abuse of men with disabilities, but what this suggests is that it may occur at much higher rates, due to underreporting, a lack of recognition, as well as the reasons women cite for not reporting sexual abuse: shame and fear.
- 13.4 Domestic violence perpetrators are most likely to be significant others, parents, children or other close relatives or friends for people with disabilities as well as for people without disabilities. Personal care attendants also have access to abuse for people with disabilities.
- 13.5 Sometimes, people with disabilities who are the victims of abuse, whether it be by family, friends, or paid personal care attendants, fail to report their abuse. They may be coerced into silence or even into participating in unwanted sexual activity. They may feel guilty that their caregivers are not well paid. They may have difficulty reporting, particularly if their disability affects their communication, or they may fear that they won't be understood or believed. Some people with disabilities are victims of more than one abuser.
- 13.6 Agencies which provide services for people with disabilities need to have awareness and be given education and training about domestic violence and domestic violence agencies about disability issues.

Good Practice Principles

- 13.7 Professionals should consider additional support to assist people with disabilities to empower and protect themselves this should include ensuring:
- a network of personal care attendants, instead of relying on one or two paid personal care attendants or relatives to provide these services
 - a reliable emergency backup care attendant service
 - an awareness of accessible shelter services in your area
 - the person knows they have the right to make the decision about themselves

- consideration of a referral to the Sanctuary Scheme which enables women and children to remain in their own homes with extra security and support.

NDVF have links to disability websites on their site - go to the disability section in the library or www.ndvf.org.uk

14.0 Domestic Violence within Black, Minority Ethnic and Refugee Communities

- 14.1 There is little variance of the prevalence of domestic violence by ethnicity.⁸ However, survivors from BME communities are less likely to access statutory services. As domestic violence is an issue that affects people from all ethnic groups, efforts must be made to ensure that all people regard assessments and support services as being applicable and accessible to them. Being sensitive to, and aware of, the specific issues that affect BME and refugee survivors should be integrated into assessment processes and the delivery of all support services and not marginalised.
- 14.2 **Culture:** Although all women experience cultural barriers, research has suggested that for particularly certain groups of women for example Asian or Muslim women, to leave their partner, seek help or talk about their experiences of domestic violence, may be more difficult than for other women. This is because, within certain Asian communities, when women marry they implicitly represent their family. Therefore, if a marriage is seen to fail this is viewed as being the woman's fault and she will be blamed for letting down the family's honour. It is usually regarded as the woman's duty to preserve the family 'izzat' (honour).
- 14.3 **Faith and Religion:** Some BME and refugee survivors of domestic violence may be hesitant to leave their partner, get divorced or take legal action due to faith or religious considerations. Religious or cultural barriers to escaping domestic violence are also prevalent in other traditional communities such as orthodox Jewish groups or Catholics. It may also be common in communities such as gypsies and Travellers.
- 14.4 **Immigration:** Some BME or refugee women may face the added pressure of an uncertain immigration status. This may prevent them from accessing services or take action against her partner for the fear of losing the right to remain in the UK. The perpetrators in these circumstances have been known to use threats to have their partners deported and there are also cases whereby a woman's passport had been taken from her; a practical and symbolic expression of control over her life and future (see appendix 9).
- 14.5 Professionals need also to be mindful of other linked issues of women who come to the UK specifically as a result of marriage; they may be an increased pressure by extended family members for the marriage to continue. This could be related to issues of forced marriages (this also applies to vulnerable UK victims marrying perpetrators from abroad), trafficking, debt servitude and bonding. Where a woman is in a country she is unfamiliar it may be harder for her to understand the purpose of assessment and support systems and the agencies that are be able to help. Further advice can be sought from the Forced Marriage Unit:

⁸ Walby and Allen 2004

www.fco.gov.uk

by emailing FMU@FCO.gov.uk

or ringing 020 7008 0151.

- 14.6 **No Recourse To Public Funds:** A foreign national who wants to settle in the United Kingdom on the basis of marriage or an unmarried partnership to someone already present and settled here must normally live with their partner or spouse for a probationary period. If the marriage or partnership breaks down during that period, they have no right to remain in the UK.
- 14.7 To protect victims of domestic violence, the Government introduced a concession in 1999 so that those who left their spouse or partner during the probationary period and could prove, by a court conviction or similar, that the relationship ended because of domestic violence, were granted settlement.
- 14.8 In November 2002, the Government extended the types of evidence that could be used as proof of violence, and these were formally included in the immigration rules. This is a significant improvement in the position of victims of domestic violence who are still subject to immigration control. In addition, these applications are flagged and given priority consideration by the Border and Immigration Agency.
- 14.9 While their applications are still being considered by the Border and Immigration Agency, victims of domestic violence still subject to immigration control cannot have access to public funds for the period until the application has been decided. There are no plans to amend legislation in this area. However, the Government believes that it does have a duty to ensure that victims attempting to leave a violent relationship (one of the most dangerous times for victims of domestic violence); can have access to refuge.
- 14.10 The Home Office guidance 'Safety and Justice' has made a commitment to ensure that survivors in this position would get access to refuge accommodation funded through the Supporting People arrangements. However housing benefit and family benefits are public funds and refuges will need assistance to support women and children to remain in refuge. Children's Services can decide on a case by case basis to fund women with children under section 17. Adult Services can use Community Care individual payments to pay for survivors with disabilities or mental ill health. Clearly there are budget implications for all local authorities. Since 2009 the Home Office has funded a scheme called the Sojourner Project which provides financial support and a fast track immigration service for women with no recourse to public funds who are fleeing domestic violence. Women's refuges claim these funds on behalf of residents.
- 14.11 Forced Genital Mutilation (FGM) is illegal. The extent of risk of FGM in Nottingham and Nottinghamshire is now known to be significant with 200 presentations per year of pregnant women to midwifery services

who have been subject to FGM in childhood or adolescence. Schools should be aware of the countries where this practice is common and consider the risks to female pupils who may be taken away for this procedure either within the UK or abroad. Guidance can be found at

www.fco.gov.uk/en/travel-and-living-abroad/when-things-go-wrong

- 14.12 **Language:** Children and Women from BME and refugee communities face the additional challenge of engaging with services in that English may not be their first language. Interpretation services are available from Nottingham City and County councils and Women's Aid helpline have a language line.
- 14.13 **Temporary Accommodation:** Many families from BME and refugee communities live in temporary accommodation. When a family moves frequently, they may be facing chronic poverty, social isolation, racism or other forms of discrimination, as well as the problems associated with living in disadvantaged areas or temporary accommodation.
- 14.14 **Recent Trauma:** Some recently immigrant families often have a traumatic history and/or a disrupted family life and can need support to integrate their culture with that of the host country.

Good Practice Principles

Putting These Considerations Into Practice

- 14.14 Many BME and refugee women prefer to have a BME support worker that can speak their language. However, this practice should not be applied automatically as some women from BME and refugee communities prefer somebody from a different background, as they are afraid the support worker may know or be related to someone who knows them.
- 14.15 Support workers should be trained to assess the different factors surrounding a woman, such as cultural beliefs and the sense of loss a woman may feel if she has left her country of origin. In those circumstances, where further information about aspects of culture, faith and religion are needed, obtaining the appropriate advice and consultation is crucial for both professionals and women.
- 14.16 When working with children and families that need interpreters, professionals should use professional interpreters who have a clear Criminal Records check; it is not acceptable to use a family member or friend.
- 14.17 Support workers should establish the immigration status of a woman. Persons without Indefinite Leave to Remain (ILR) in the UK do not have the right to public funds. This can prevent them from leaving a violent partner.

- 14.18 When placing any woman in refuge it is always important to consider issues of safety and place, for example, will she be easy to trace? It will be safer for her to be placed in accommodation away from where she lives. Each woman should have a say in where they go. It is important they feel comfortable, e.g. in places with cultural familiarity.
- 14.19 Awareness raising may require different approaches to reach tight-knit BME and refugee communities, e.g. posters in mosques, information in different languages, and chat on Asian radio stations.
- 14.20 It is important the possible effects of racism with women are explored and responded to.
- 14.21 The type of information offered to BME and refugee women needs to be flexible, as their situation is not always the same. For example, English may not be their first language, or they may have only recently moved to this country.
- 14.22 The projects should have clear policies about how to provide support to asylum seekers and refugees, and understand the law surrounding immigration. Information on women to recourse to public funds is available in the Southall Black Sisters pack which can be found in the BME section of the library at:
- www.ndvf.org.uk
- 14.23 The WAIS helpline has a language line and the NDVF has translated information cards on domestic abuse available in nineteen different community languages.

15.0 Domestic Violence and Young People

- 15.1 Young women in the 16-24 age groups are most at risk of being victims of domestic violence. Whilst they are under the age of 18 years these young women (in some cases teenage mothers) should receive support and safeguarding in line with the Children Acts 1989 & 2004.
- 15.2 **Forced Marriage and Honour Based Violence:** Children and young people can be subjected to domestic abuse perpetrated in order to force them into marriage or to “punish” him/her for “bringing dishonour on the family”. There is national guidance in relation to this area of practice that is available on the NSCB/NCSCB Webpages
- 15.3 Forced marriage occurs across very many communities living in the UK – at a rate of well over 1000 cases per year (Police estimate). Whilst honour based violence can culminate in the death of the individual, 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 can be 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.

Good Practice Principles

- 15.4 Professionals with concerns that a young woman/teenage mother is being abused within a relationship, should adapt the procedure to focus on the circumstances and locations in which the non-abusing partner meets their partner e.g. choosing safer venues, locations and peer groups to meet, being able to identify trigger points which lead to violence and practicing safe ways to leave and go home etc.
- 15.5 In those circumstances where there may be cultural and religious factors to consider, professionals should ensure that the appropriate advice and support is accessed.
- 15.6 It may be necessary to help a young person identify what is unhealthy in a relationship. A young person may not realise they are in an abusive relationship. You can use simple worksheets to raise healthy and unhealthy aspects of relationships, for example ask them to identify behaviour they would want in a relationship and behaviour they wouldn’t. NDVF has a library of resources that can be accessed by contacting the office.
- 15.7 It is important not to pass judgement if they want to stay in the relationship, leaving may take time especially if they are scared of the perpetrator. Leaving or ending a relationship is also a time of increased risk in an abusive relationship.

- 15.8 If you think that a young person is experiencing abuse you can let them know you are concerned without directly asking them if they are experiencing abuse. You can ask them if there is anything they are worried or scared about or if they are ever scared. Make sure young people are aware of your confidentiality boundaries.
- 15.9 They may not tell you anything the first time you ask but it will help make them realise that you are open, give them the option to come back if they need to and don't be afraid to ask again at a later date.
- 15.10 Do not put the young person at risk by asking them in front of friends or the perpetrator. If you are using a translator make sure that they do not have a personal connection to the young person.
- 15.11 Safety planning with the young person experiencing the abuse can be important. It empowers the young person to identify ways in which they can be safer when experiencing abuse. For example you can encourage a young person to identify who they can contact when scared. To increase your knowledge and skills in this access training through Women's Aid and NDVF (see point 18). Also contact your local Women's Aid group for advice on how to work with the young person and how they can access support. You can access a sample safety plan on the NDVF website www.ndvf.org.uk
- 15.12 Be aware that domestic violence does not always include physical violence. A survivor can be harassed and intimidated without the use of violence. Domestic Violence includes emotional, sexual and financial abuse. Fear may prevent a survivor from accessing support or leaving a perpetrator. Remember that in order to be experiencing domestic violence partners do not need to be living together.
- 15.13 Don't forget that young people may be in a same sex relationship and that domestic violence can occur in relationships with someone of the same sex. Their experiences can include a partner threatening to out them if they are not out to their friends and family and they may experience other abuse that uses their sexuality. Also remember that young people from LGBT community will have extra barriers to accessing support.
- 15.14 There are three identified points in a woman's life when domestic violence is known to escalate or increase in severity these are: during pregnancy, after child birth and after marriage. This has implications for a young woman that may be pregnant.
- 15.15 If a young woman experiencing abuse already has children it can be a child protection issue for both the child and the young woman depending on her age.
- 15.16 Be familiar with the guidance "Sexually Active Under 18' produced by the Nottingham and Nottinghamshire Local Safeguarding Children's Boards' in terms of child protection and young people in relationships. Make sure your child protection policy includes young

people experiencing Domestic Violence in their own relationships. Young people experiencing Domestic Violence in their own relationships can be a child protection issue.

- 15.17 Be aware that young people may be co-erced into prostitution by a perpetrator. Young women and some young men may be sexually exploited as part of their abuse.
- 15.18 Remember a perpetrator may be preventing the survivor from accessing contraception and sexual health advice or refusing to use contraception as part of the abuse.
- 15.19 Be familiar with changes in technology and developments in youth culture. Social networking sites on the Internet such as My Space and also FaceBook can be used by perpetrators to abuse and monitor their partner. Mobiles are often used to monitor and harass a survivor and guidance for young people in how to be safe with their mobiles is www.respectnotfear.co.uk/keepingsafe/96-mobile-phone-safety.html.
- 15.20 Young people experiencing domestic violence can use the civil law and this includes injunctions. This information can be found on the young person's website in the keeping safe section under how the law can protect you or you can contact the 24 hour helpline for information about local Family Law Solicitors
- 15.21 The police have a definition of domestic violence that includes young people from the age of 16 including same sex relationships. The police can get involved with young people experiencing domestic violence under the age of 16 but it will not be recorded as a domestic violence incident. You can go through the main Police Switchboard to speak to domestic abuse specialist police officers. These officers are located in Domestic Abuse Support Units or Public Protection Units within Nottinghamshire Police
- 15.22 Know what support services are available for young people. There is no specialist service solely for young people experiencing domestic violence however they can access some of the specialist services in the Domestic Violence Sector for example, refuge provision. Domestic violence services are beginning to address the gap for young people so keep up to date with these changes. There are generic services that might also be helpful such as Childline. Websites can also provide useful information to young people, for example www.respectnotfear.co.uk
- 15.23 Remember that some young people will have extra barriers to getting support. Young people that are disabled, black or lesbian, gay, bisexual or transgender will face additional barriers to accessing support services. There will also be additional issues within the abuse they are experiencing.
- 15.24 Remember you may be working with the perpetrator so it is important not to engage in collusive behaviour. Perpetrators can

use you to abuse the survivor further. If you work with the perpetrator it is important to treat their behaviour as seriously as any other type of abuse and violence. Do not allow the abuse to be minimised and go unchallenged and also do not compromise the safety of the survivor. Make sure you speak to the survivor away from the perpetrator to allow them the space to tell you what is happening and in order to work with them. Be aware that the perpetrator may manipulate you to pass on information to the survivor or try to get contact details.

15.25 Remember that a perpetrator can continue to abuse even when the relationship has ended. The survivor of abuse will probably have lowered self esteem as a result of the abuse. Doing work to raise self esteem is a good way to help the survivor stay safe. It may also help them have healthy expectations of future relationships.

15.26 Access training about domestic violence through your local Women's Aid group, NDVF or the SCB. These good practice points are not a replacement for appropriate training. Addressing domestic violence without the appropriate knowledge can be detrimental to the safety of the victim.

15.27 If you work directly with young people ensure that you challenge gender based abusive language or behaviour. This enables the environment to be safe for all young people - male and female. Include this in the ground rules set for your group and ensure that it is backed up by appropriate actions.

15.28 Access information for work with young people on healthy relationships and domestic violence through your local Women's Aid group or NDVF. Many Nottinghamshire Women's Aid Groups have workers doing specific work with young people in schools, on a one-to-one basis or in groups.

APPENDICES

Domestic Abuse, Stalking and Harassment and Honour based violence (DASH 2009) Risk Model plus Referral Pathways for use in Nottingham and Nottinghamshire
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DETAILS OF VICTIM(S) AND ALLEGED PERPETRATOR(S)

Where information is not available write NK (not known)

Crime Reference Number if known:	Date (s) of incidents:
Police Officer's Name if known :	
Victim(s) Name:	
DOB	
Address	
Safe contact Tel number (home, mobile, work or other) Safe e-mail address	Mobile Landline Work Email
Vulnerable Adult Details e.g. learning disability/ mental ill-health/ physical disability	
Sources of Information:	<input type="checkbox"/> Victim <input type="checkbox"/> Other sources, please state
Victim GP Details :	
Relationship between Victim & Perpetrator: and if partner / ex partner the length of the relationship:	
Perpetrator(s) Name:	
DOB	
Address	
Tel number	

Other names used (please specify)	Other dates of birth (please specify)
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Perpetrator GP Details <i>if known</i> :
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Is there a history of violence, domestic or other?
 None Violence Sexual Other (specify below) Not known

Does the suspect have access to firearms?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known
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Existing Bail Conditions? (add detail)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known
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Details about children should be written below

Children Living Within Domestic Abuse Household or Exposed to Domestic Abuse

Name	D O B	Gender (M) (F) (NK)	Home Address	Relationship to the alleged victim?	Relationship to the alleged perpetrator ?	Child know n to social care?

Social Worker name if known						
Time and date this family referred to Children Social Care if appropriate. See Classification grid page 10 for guidance				Time:		
				Date:		

DASH QUESTIONS

If possible the victim is interviewed on her/his own. Explain purpose is to improve safety

CURRENT SITUATION THE CONTEXT AND DETAIL OF WHAT IS HAPPENING IS VERY IMPORTANT. THE QUESTIONS HIGHLIGHTED IN BOLD ARE HIGH RISK FACTORS. TICK THE RELEVANT BOX AND ADD COMMENT WHERE NECESSARY TO EXPAND.	Yes <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>
1. Has the current incident resulted in injury? (please state what and whether this is the first injury)	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you very frightened? Comment:	<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) Kill: Self <input type="checkbox"/> Children <input type="checkbox"/> Other (please specify) <input type="checkbox"/> Further injury and violence: Self <input type="checkbox"/> Children <input type="checkbox"/> Other (please specify) <input type="checkbox"/> Other (please clarify): Self <input type="checkbox"/> Children <input type="checkbox"/> Other (please specify) <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/Dr or others?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you feeling depressed or having suicidal thoughts?	<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"/>

7. Is there conflict over child contact? (please state what)	<input type="checkbox"/>	<input type="checkbox"/>
	Yes <input checked="" type="checkbox"/>	No <input checked="" 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"/>
CHILDREN/DEPENDENTS (If no children/dependants, please go to the next section)	Yes	No
9. Are you currently pregnant? <input type="checkbox"/> Or Have you recently had a baby (in the past 18 months)? <input type="checkbox"/> Please give details	<input type="checkbox"/>	<input type="checkbox"/>

<p>10. Are there any children, step-children that aren't in the household? Or are there other dependants in the household (i.e. older relative)?</p> <p>Please give details</p>	<input type="checkbox"/>	<input type="checkbox"/>
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	<i>Yes</i>	<i>No</i>
<p>11. Has (.....) ever hurt the children/dependants?</p> <p>Please give details</p> <p>Was a child present in the house at the time of the incident <input type="checkbox"/></p> <p>Was child injured? If "Yes" refer to Children's Services. <input type="checkbox"/></p> <p>Please give details</p> <p>Was the child in the arms of either party at the time of the incident <input type="checkbox"/></p> <p>Who:</p>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<p>12. Has (.....) ever threatened to hurt or kill the children/dependants?</p> <p>Hurt <input type="checkbox"/></p> <p>Kill <input type="checkbox"/></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>DOMESTIC VIOLENCE HISTORY</p>	<i>Yes</i>	<i>No</i>
<p>13. Is the abuse happening more often?</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>14. Is the abuse getting worse?</p>	<input type="checkbox"/>	<input type="checkbox"/>

<p>15. 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 stalking and specify the behaviour)</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>16. Has (.....) ever used weapons or objects to hurt you? Please give details</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>17. Has (.....) ever threatened to kill you or someone else and you believed them? Self <input type="checkbox"/> Children <input type="checkbox"/> Other (please specify) <input type="checkbox"/></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>18. Has (.....) ever attempted to: strangle? <input type="checkbox"/> choke? <input type="checkbox"/> suffocate? <input type="checkbox"/> drown you? <input type="checkbox"/> when was this?</p>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>
<p>19. Does (....) do or say things of a sexual nature that makes you feel bad or that physically hurt you or someone else? (Please specify who and what)</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>20. Is there any other person that has threatened you or that you are afraid of? (If yes, consider extended family if honour based violence.) Please specify who and what you are afraid of:</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>21 Do you know if (.....) has hurt anyone else? (Children/siblings/elderly relative/stranger, for example. Consider HBV. Please specify who and what)</p> <p>Children <input type="checkbox"/> Another family member <input type="checkbox"/></p> <p>Someone from a previous relationship <input type="checkbox"/> Other (please specify) <input type="checkbox"/></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>22. Has (.....) ever mistreated an animal or the family pet?</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Abuser(s)</p>	<p>Yes</p>	<p>No</p>

23. 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"/>
24. Has (.....) had problems in the past year with drugs (prescription or other), alcohol or mental health leading to problems in leading a normal life? (Please specify what) Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Mental Health <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Has (.....) ever threatened or attempted suicide?	<input type="checkbox"/>	<input type="checkbox"/>
26. Has (.....) ever breached bail/an injunction and/or any agreement for when they can see you and/or the children? (Please specify what) 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"/> Don't Know <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. 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"/> Don't Know <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other relevant information (from victim or worker), which may alter risk levels. Describe: (consider for example victim's vulnerability - disability, mental health, alcohol/substance misuse and/or the abuser's occupation/interests-does this give unique access to weapons i.e. ex-military, police, pest control)		
Is there anything else you would like to add to this? Please also use this space for providing extra information from questions		

I hereby give consent / no consent for agencies involved in my case to share information to assist them to support my family and me (delete as appropriate).

Signature.....

Date.....

In **all** cases an initial risk classification is required:

RISK TO VICTIM:		
STANDARD <input type="checkbox"/>	MEDIUM <input type="checkbox"/>	HIGH <input type="checkbox"/>
SEE CLASSIFICATION GRID OVERLEAF Please note that some agencies will automatically refer a case to the MARAC if it scores 14 ticks or more. However, if you believe a case to be high risk and there are less than 14 ticks, please rely on your professional judgement and mark it as high risk. Total Number of ticks:		Referral contact details are on the MARAC Referral form

Person completing form with victim

Name

Signature:.....

Date:.....

DASH RIC -Classification Grid- NOTTINGHAM AND NOTTINGHAMSHIRE -2011

Risk level	Threshold Number of Ticks	Pathway	Consent to share information
HIGH RISK ADULT AND CHILDREN	<u>14 Ticks</u> in yes box or <u>Professional Judgment</u> – score less than 14 ticks but practitioner has serious safety concerns or There is clearly increasing in severity or frequency	Immediate MARAC referral and child safeguarding referral (also vulnerable adult safeguarding where appropriate) <u>Referral contact details are on the MARAC Referral form</u>	Signed consent should always be sought however is not essential for high risk If survivor refuses consent when MARAC referral is discussed, complete "Information Sharing Without Consent" form and then make referral.
HIGH RISK CHILD but MEDIUM - RISK ADULT Threshold is lower for child safeguarding referral as compared to MARAC referral	<u>10-13 Ticks</u> in yes box or <u>Professional Judgment</u> – score less than 10 ticks but practitioner has serious safety concerns or concerns about increasing severity/frequency	Immediate child safeguarding referral Offer to arrange specialist support from Women's Aid or equivalent. Male victims to Victim Support Refer to own agency procedures	Signed consent for a safeguarding referral is not required Inform parent/carer of child safeguarding referral
MEDIUM RISK ADULT AND CHILDREN	<u>7-9 ticks</u> in yes box	Offer to arrange specialist support from Women's Aid or equivalent. Initiate CAF (Common Assessment Framework) for child and (County only) refer to child to JAT (Joint Access Team) Refer to own agency procedures.	Signed consent should always be sought. If not given you do not have grounds for CAF or referral to specialist agency
STANDARD RISK	<u>1-6 ticks</u> in yes box	Supply 24hour DV Helpline information and other relevant signposting	As above

[Nottingham and Nottinghamshire MARAC Referral Form](#)

**MARAC referrals should be sent by secure email or other secure method
Include completed DASH form and all pages in this pack**

Nottingham City: CityDivDomesticAbuse@nottinghamshire.pnn.police.uk
Fax 0115 844 4046

South Nott's: southnotts.domesticviolence@nottinghamshire.pnn.police.uk
Fax 0115 844 6049 (Broxtowe, Gedling, Rushcliffe)

Bassetlaw Newark & Sherwood: brenda.peacock@nottinghamshire.pnn.police.uk
Fax 01636 657 919

Mansfield & Ashfield: dan@nnidas.org
Fax 01623 683 251

Date		
Referral agency: (provide full details at the end of the form)	Tel:	Fax:
Reason for referral		
Referral made on (please tick) Professional judgment <input type="checkbox"/> Escalation <input type="checkbox"/> Number of ticks on Risk Identification Checklist <input type="checkbox"/> Attach DASH Risk Identification Checklist pages 1-9		
Victim Name:	Victim Address and tel etc on DASH form page 2:	
Date of birth:		
Ethnicity:	Gender:	
Sexual Orientation:	Disability / Life Long Illness:	
Tenancy Details: Owned <input type="checkbox"/> Local Authority Landlord <input type="checkbox"/> Private rent <input type="checkbox"/> Other Registered social Landlord please give details :		
Animals: Is a pet(s) in the house - Yes <input type="checkbox"/> No <input type="checkbox"/> If yes: are any specific actions required? e.g. support if survivor going to refuge		
For details of perpetrator and children see DASH form pages 2-4		
Tenancy details of perpetrator: Owned <input type="checkbox"/> Local Authority Landlord <input type="checkbox"/> Private rent <input type="checkbox"/> Other Registered social Landlord please give details :		
Is the person referred aware of the MARAC referral?		Yes/No
Has this person given consent for MARAC and information sharing?		Yes/No
Referring Agency Details		
Referring officer:		
Address:		
Telephone:	Mobile:	Email:

Admin to complete

Date referral received:

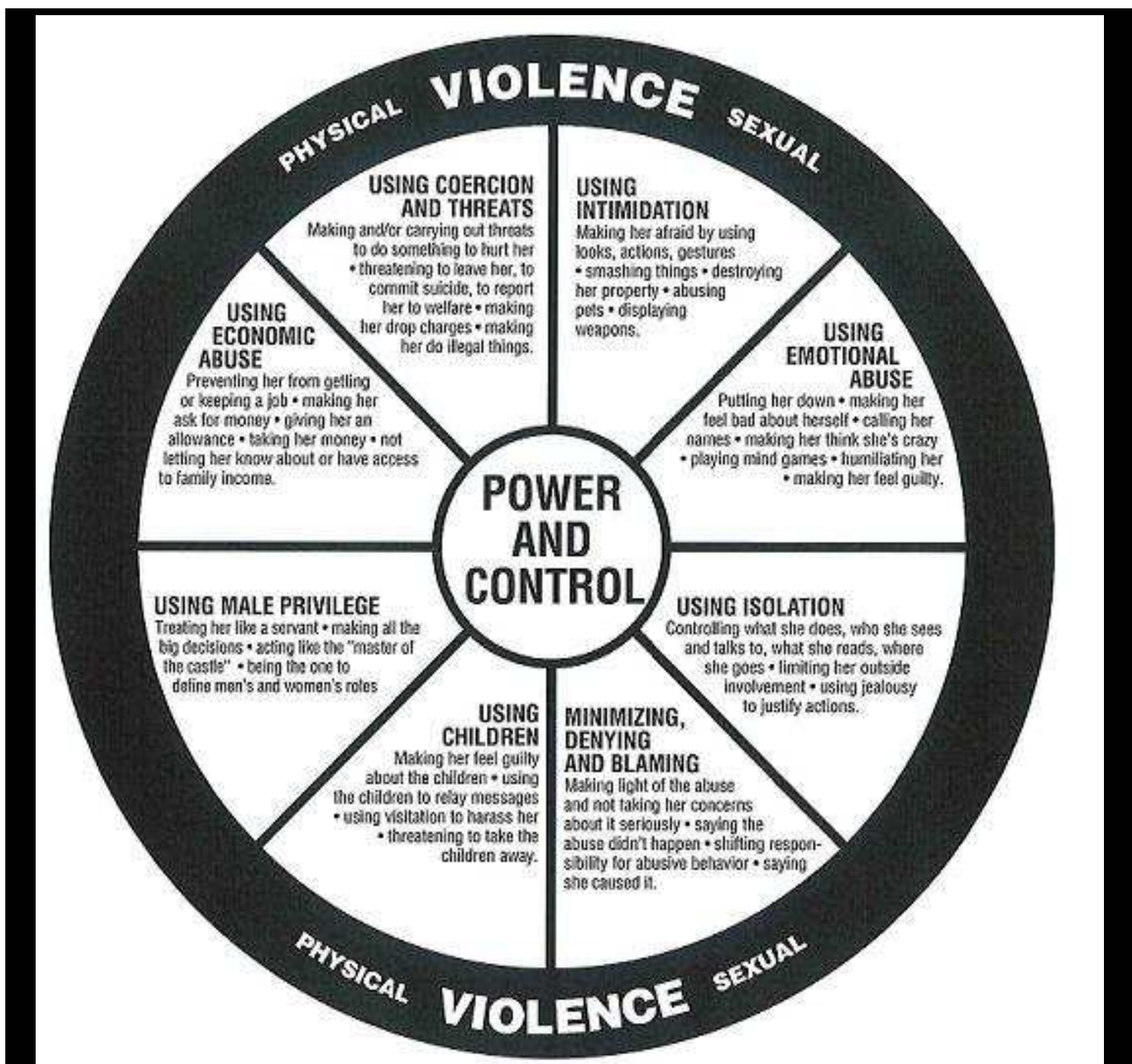
Case number allocated:

DATE MARAC case to be discussed:

Duluth Power and Control Wheel

This is a training tool and is included here as a reminder to those who have attended Domestic Violence awareness training

This can also be used with survivors to enable them to identify their experience.



Legal and Housing Options

Practitioners should inform women of these options; however they should also always refer mothers to specialist advice services, such as CAB, a Law Centre or Women's Aid.

Domestic violence is an offence under both civil and criminal law. The legislation is summarised below. However, victims should be advised to seek their own independent legal advice rather than practitioners giving more than brief details on the range of possible options available to the victim.

1. Civil Action

1.1 Family Law Act 1996 Part IV

The Act provides for a single set of remedies to deal with domestic violence and to regulate occupation of the family home, through 2 specific types of order, the non-molestation order and the occupation order.

1.2 Non-Molestation Orders / Injunctions:

In relation to both non-molestation and occupation orders, it is possible for one Associated Person to apply for an order against another Associated Person.

Associated Persons are people who:

- are or have been married
- are or have been co-habitees (living as man and wife)
- have lived in the same household (other than one of them being the other's tenant, lodger, boarder or employee)
- have agreed to marry
- in relation to a child to whom they are both parents or have parental responsibility
- a child under the age of 16 can also apply with the leave of the

court.

An order can prohibit a perpetrator from molesting any named person including any children. The molestation can take the form of physical violence, but can also include other forms of violence and harassment. It can include specific injunctions such as instructing a perpetrator to stay away from the home. Since 1.7.07 the breach on a non-molestation order is a criminal offence which means the police can be called and may arrest the suspect and put them before a criminal court. It is not necessary to take them to civil court although that remains an option.

1.3 Occupation Orders

- This may take a number of forms depending on the relationship of the parties and the rights in relation to the property e.g. enforcing the women's right to remain in the home or restricting the perpetrator's right to occupy it, even if he is a tenant or owner-occupier. The Court has power to order someone to live only in a certain part of the house or to allow someone back into the house,

etc. The Court has wide powers to order someone not to surrender a tenancy or remove or destroy the contents of the home. In most cases such orders are made for 6 months or until a specified event or until further order. Some orders can be extended for up to a further 6 months again and again. In all forms of the order, a court is required to consider whether the applicant or child/ren to the proceedings is/are likely to suffer significant harm which can be shown to be attributable to the respondent, if an occupation order is not made.

1.4 Power of arrest

In order to provide better protection, the powers of arrest in relation to the above orders have been strengthened. Where the court makes an occupation or non-molestation order and it appears to the court that the abuser has used or threatened to use violence against the applicant or a relevant child, the court must attach a power of arrest unless it is satisfied that the applicant or child will be adequately protected without such a power. If a power of arrest is attached a person in breach of the order may be arrested without a warrant and brought to court within 24 hours of arrest.

1.5 Court Procedure and Privacy

Proceedings under FLA 1996 are defined as family proceedings and therefore the woman can be reassured that the proceedings will be heard in private and not open to members of the public. The woman's solicitor will prepare a written statement for her to sign in support of her under the FLA 1996. The woman will need to attend court when her application is heard. The woman's solicitor or barrister will put her case to the Judge. Getting an order will involve at least one court hearing. Unlike a criminal case, there is no obligation on the opponent to attend if he does not turn up, an order will be made in his absence.

In a dire emergency and/or it is not safe to give the abusive partner prior warning of the application to the court, a court hearing will go ahead without notice to the opponent. Sometimes the order will provide temporary protection until a further hearing of which the opponent has notice. Otherwise applications are made and the opponent is given prior notice of the court hearing.

1.6 Standard of Proof

The standard of proof is lower than in a criminal case. The court has to decide whether the allegations of violence are true on the balance of probabilities. (In a criminal case, it must be beyond reasonable doubt.) Often perpetrators do not even go to court or contest cases, so evidence such as reports to the Police may not be required. However, if the perpetrator does fight the case, it helps if there is medical evidence and incidents have been reported to the Police or witnessed by others.

1.7 Housing Acts 1985 & 1996

Under Ground 1 Schedule 2 of the Housing Act 1985 a Possession Order can be granted where an obligation of the tenancy has been broken or not performed.

The Housing Act 1996 added Ground 2A of Schedule 2 to the Housing Act 1985. Under the Act possession action can be taken against a remaining tenant where their partner has left the family home because of violence or threats of violence and does not intend to return. This ground can be considered when the partner (whether or not they are a tenant) has been re-housed because of violence and the perpetrator is left in occupation (particularly as they may be under –occupying a family sized unit).

In such cases sufficient evidence of violence having occurred is required. In addition housing authorities can take injunctive action against a tenant if he is in breach of the terms of his tenancy agreement.

Other anti-social behaviour legislation also allows housing powers to act against perpetrators in respect of their tenancies. Practitioners should always seek advice from housing services when considering what options are available to the woman in securing protection for herself and the children. It is good practice to invite Housing to meetings arranged to draw up safety plans around women (See section 7).

2. Criminal Action

2.1 Offences

The Police are a key 24-hour agency for women experiencing domestic violence. They need clear evidence in order to proceed to charge and prosecution. It is not essential to have the survivor's agreement to charges. The Police may decide to press criminal charges without victim agreement if s/he has suffered injuries, which required medical attention and there is photographic evidence, if there is evidence of repeated abuse or if the victim was subjected to a serious assault. This takes the onus off the victim.

Offences for which the Police can take action include:

- common assault
- assault occasioning actual bodily harm (ABH)
- unlawful wounding or inflicting grievous bodily harm (GBH)
- rape, attempted rape or indecent assault
- threats to kill , harassment
- criminal damage and public order offences

If the Crown Prosecution Service decides to prosecute, the case will be presented to court. In Nottingham, the Magistrates Court has a specialist domestic violence court which sits each Wednesday and Magistrates sitting have had specific training about domestic violence. CPS, Legal Advisors, Court Ushers and security have all had domestic violence awareness training. The Police and Independent domestic violence advisors from Women's Aid will also be in attendance to support the survivor.

The Police will also take reports and keep records of incidents even if the abuse suffered does not actually constitute a criminal offence. From a rehousing point of view, it does help if there are reports made which may support the victim's case. The Police are usually willing to support a victim's application for rehousing if they have involvement, as are Children's Social Care in certain circumstances.

2.2 Protection from Harassment Act 1997

This Act introduced new measures for protection under criminal and civil law. The Act provides 2 new criminal offences; criminal harassment and a more serious offence involving fear of violence. The Police can arrest without warrant anyone whom they suspect committing either of these offences.

The Act strengthens the options for Police protection and use of criminal law against men who harass, threaten and pester women after the relationship has ended. It can be used to provide protection for women without children who do not live with their abuser and who cannot apply for injunctions under the Family Law Act.

2.3 Forced Marriage Protection Orders

The Forced Marriage (Civil Protection) Act 2007 came into force on 25 November 2008. The Act enables family courts to make Forced Marriage Protection Orders to protect someone from being forced into marriage. An order can also be made to protect someone who has already been forced into marriage, to help remove them from the situation.

The Act sends out a strong signal that forced marriage will not be tolerated. Those who fail to obey an order may be found in contempt of court and sent to prison for up to two years.

Each Forced Marriage Protection Order, made by the court will contain terms that are designed to protect the victim in their particular circumstances. Examples of the types of orders the court may make are:

- to prevent a forced marriage from occurring
- to hand over passports
- to stop intimidation and violence
- to reveal the whereabouts of a person

- to stop someone from being taken abroad

3. Housing Options

Victims of domestic violence need to consider their housing options for both the short and longer term. If a woman feels he/she is unable to remain at the family home at least temporarily, the following options could be considered. Note the options of removing the perpetrator as outlined above should always be made known to the woman.

3.1 Refuges

Refuges provide safe, emergency temporary accommodation for women and children who need protection from abuse. The professionals in the refuges can provide information, advice and support. They can give practical assistance with benefit claims, court appearance etc. However facilities such as kitchens, bathrooms, and sitting rooms are generally shared and many refuges will not accept women with boys aged 12 or over.

The 24 hour national domestic violence helpline 0808 2000 247 is run in partnership by Refuge and Women's Aid. As well as providing general advice and support these agencies refer women to refuges around the country, or advice on other possibilities if refuges are full. The local Womens Aid Integrated Services 24 hour free phone help line is 0808 800 0340 or 0341 with text phone and the line has language line.

There are 3 refuges in Nottingham with 31 spaces for women and children at risk, including Zola refuge for women from Black Minority Ethnic and Refugee groups. There are additionally 4 refuges in the County. Refuges provide women fleeing domestic violence with the support and safety unavailable in other forms of temporary accommodation. The importance of refuges is well recognized, however they are not always the most appropriate intervention and in some cases other more practical support, such as outreach and enabling survivors to stay in their home is more effective. Therefore, each case must be assessed on an individual basis. It is also important to ensure that stable accommodation is sought as soon as possible. Contact Women's Aid Integrated Services help line for referral to refuge, Floating Support and advice regarding appropriate options.

3.2 Enabling Women To Stay In Their Own Homes

To enable women to stay in their own homes, it is important that all agencies work closely together to ensure the safety of the victim, that adequate support is available and easy to access and that the perpetrator is dealt with appropriately. Support should include legal protection, practical measures such as extra locks, spy holes and alarms and outreach of floating support from Women's Aid or another domestic violence specialist agency with access to 24-hour support through the helpline. This supports the fact that leaving the family home is usually a last resort and many women would have stayed in their own homes if security improvements had been made in order to improve their personal safety. Sanctuary schemes are now available in

most areas see Appendix 8 (see below for further information on home security).

3.3 Staying With Family And Friends

Depending on the circumstances, this may be an appropriate short-term option. The victim may get more support and it is quick and cheap. However it may also mean that he/she is easy for the abuser to find.

3.4 Housing Options in Nottingham

Housing Aid will support the survivor to explore her options through the Gateway Scheme. Housing Aid offers a bond scheme to access the private rented sector, enables survivors to access homeless accommodation, including refuge, family hostel or temporary housing. Housing Aid may refer a Nottingham Community Homes tenant for temporary housing in a NCH tenancy. Housing Aid may also refer a survivor of domestic violence to the Sanctuary Scheme. Additionally the survivor may wish to remain at home, with a civil law injunction or they may wish to move out of the area into a refuge or through an exchange. Finally a survivor of domestic violence may wish to apply to the Home Link Scheme for re – housing in Nottingham. The NCHA domestic violence Floating Support Scheme, SHINE (Safer Homes in Nottingham Everyday for Women) will support women to retain a tenancy, whether that is their own home or a new property. Women's Aid Integrated Services will help with referrals to SHINE. Similar arrangements exist in each district housing authority.

4. Immigration Issues

4.1 Domestic Violence and The 2-Year Rule

People from abroad who enter or stay in the UK on the basis of marriage or relationship to a spouse/partner who is settled in the UK or is a British citizen are initially given limited leave to remain. They are subjected to a probationary period, at the end of which, with the support of their British partner, they can apply for indefinite leave to remain. This probationary period was extended to 2 years in 2003.

During the 2-year period the partner from abroad is restricted from recourse to public funds. If the relationship breaks down, the partner from abroad becomes liable to be removed from the UK unless they can show the required evidence of Domestic Violence under the Domestic Violence concession to the rule. Fear that they will be deported is a factor that may inhibit women in such situations from disclosing. Perpetrators often use this fear as a tool of control.

In such situations practitioners should seek advice from support agencies as to any women's eligibility to apply under the Domestic Violence concessions to the rule.

4. Multi Agency Risk Assessment Conferences (MARAC) – for high risk survivors and their families

The MARAC was formally launched in April 07. Partner agencies include the Emergency Duty Team, Safeguarding and Quality Assurance Independent Reviewing Officer and representatives from the Criminal Justice System, Health and the voluntary Sector. Protocols have been developed to ensure that MARACs link to the MAPPA process. The MARAC aims to reduce the number of times a survivor calls the Police, ensuring that they receive a premium service which reduces their risk. The MARAC is chaired by the Police domestic violence lead for each Police Division and administered by Women's Aid. Attending agencies reflect the whole family, perpetrator, survivor and children and actions are taken relating to each of these, to reduce the risk to the family.

Referrals to MARAC are made through the DASH Risk Assessment Process (see appendix 2) and only the highest risk survivors are discussed at MARAC. Each high risk case is allocated an Independent Domestic Abuse Advisor. 20 cases are discussed by agencies every 2 weeks and actions agreed by agencies. The IDVA team will support the survivor of domestic violence until the crisis is over and then refer on to other Women's Aid professionals.

6 Sanctuary Scheme

The Sanctuary Scheme enables women and children living with domestic violence to remain in their own home, once the perpetrator has been evicted or if the perpetrator does not live at their address, with extra physical security and support.

This initiative is available to any tenancy and is particularly helpful for women or children with adapted houses, who may find their disability prevents access to homeless accommodation.

The Sanctuary Schemes are partnerships between Housing, Supporting People, Women's Aid, the Fire Service and the Police. The aspect of the scheme unique to Nottingham is the Floating Support Plus (support with housing, children and civil and criminal law) which is provided by Womens Aid Integrated Services and funded by Supporting People. In Nottinghamshire the Sanctuary Schemes have Floating Support which is related to housing.

Referrals to Sanctuary in Nottingham City are through Housing Aid. In the County referrals are through the district housing teams.

Safety Planning with Survivors

Safety planning – *information to be given*

Domestic violence is a crime. You have a right to be safe. These are some ideas as to what you can do to regain some control over your situation.

Safety whilst living with violence

- If possible, try to get to a room or area you can exit – not a bathroom or kitchen
- Have an extra set of keys and bag packed ready – maybe kept at the home of a safe friend/relative if you have to leave
- If possible, identify a neighbour you can tell about the violence and who will call the Police if they hear a disturbance
- Have a plan for where you will go if you need to leave home
- Discuss with your children a safety plan for what they need to do during an incident (do not intervene, get away and get help)
- Practice ways you and your children can leave your home safely and in the dark
- Don't run to where your children are as your partner may harm them as well
- Make sure your children's school/nursery know who is authorized to pick them up
- If you work, make sure someone at work knows your situation
- Keep a copy of any Court orders with you
- Use your own instincts and judgment
- Teach your children:
 - what to do in an incident
 - how to call the Police and a safe family member/friend
 - that violence is never right
- Take legal advice about your situation
- Learn defensive tactics. Learn how to position your body to reduce damage – dive into a corner, curl into a ball, protect your face with your arms each side of your head, fingers intertwined
- Do whatever you need to, to buy time/space to diffuse the situation and protect yourself and your children
- If you can get a mobile phone, programme it for emergency calls and have a code word that triggers help
- if possible open an account in your name and pay small amounts in
- keep a record of incidents/or tell someone who will keep a record, including: time, date what happened, witnesses, names and numbers of Police officers, photographs etc

- Remind yourself of your worth, positive coping strategies and strengths
- Decide who you can talk openly with and who you need for support
- Frequently review your Safety Plan

On making a decision to leave

What to take with you:

Done

Identification, birth certificates (for you and your children), national insurance card/number, passport etc	
Health records – NHS card, school immunization records etc	
Money – including details of accounts	
Medication	
Legal Orders	
Agreements about your home – rent books etc	
Insurance papers	
Jewellery	
Address book	
Clothes, nappies, formula	
Toys	
Sentimental items	

Before you resume a potentially abusive relationship, discuss alternatives with someone you trust.

Survivor's Safety Plan

This information held is agreed by

and

Date _____

I and my child/ren have a right to be safe.

1. If I decide to leave, I will practice how to get out safely.
2. I have taught my children what to do during an incident, and important telephone numbers.
3. I can tell _____ about the violence and request they call the Police if they receive the code-word or hear a disruption coming from my house.
4. I can leave extra money, clothes, and documents with _____
5. If I have to leave my home I will go to _____
6. When I expect an argument I will move to an area with access to an outside door
7. I can keep my purse and keys ready and put them in _____ in order to leave quickly.
8. I will rehearse my escape plan and, as appropriate, practice it with my children.
9. I will keep my mobile phone/change for the phone on me at all times.

10. I will use my judgment and intuition. If the situation is serious I can give my partner what they want to calm them down. I have to protect myself until I/we are out of danger.

11. When I leave I will have (refer to list on information leaflet)

12. If I have injuries I will have them treated by

13. I will talk to _____ about what has happened.

14. I will give my children permission to speak to

_____ about their experiences.

15. If my children are hurt I will tell

16. I will tell the following people who have permission to pick my children up

17. If I feel low I can

18. To protect my children I can

19. To feel stronger I can

20. The formal support I have is

21. My informal support is

22. I will review this safety plan with

on _____

23. I can be safely contacted at

24. This Safety Plan is given to

Signed _____ (Survivor)

Signed _____ (Practitioner)

Safety Plans for Children & Young People

- *Practitioners should give the child no written material except the Childline number (0800 1111) or a safe significant other's contact details. Children can use mobile 'phone & text messaging to seek help.*
- *The child needs to rehearse the safety plan with you as part of safety planning intervention.*

Child's Plan

This is my Safety Plan _____ (name of child)
and _____ (name of worker)

If there are any angry actions or words in my house – I can't stop it

This is what I can do:

1. GET OUT OF THE WAY

2. Find a safe place

In my house this is

3. If it's SAFE phone the Police

The number is _____

I will say: my name _____

my home address

what's happening

(i.e. someone is hurting my mum)

4. I can also get help from _____ (i.e. next door)

5. Later I can talk with _____ about what happened

6. If I am hurt I will tell _____

7. Its OK to feel

The people that know about this plan are

Me (draw a picture)

Mum (draw a picture)

Others (draw a picture) i.e. social worker, teacher, neighbour

8. Signed _____ (Child)

Mother _____

Professional: _____

Date _____

Young Person's Plan

This plan records how to keep _____ safe

- You have a right to be safe and cared for in a safe place agree
- Violent words and actions at home are not your fault agree
- You cannot stop the violence agree

To protect yourself you can break rules, like: say no, shout, kick and scream if you need help, also:

1. The best thing you can do when there is violence at home is get out of the way

agree

To be safe I can do things:

Get out of the room where the violence is occurring

The room/place in my house where I feel safe is

There is a lock on the door yes no

2. The nearest telephone is

If it is safe I can telephone 999, ask for the Police. I will need to say:

My name _____

My home address

What's happening

3. People I can trust in an emergency are:

A code word so they know I need help is

4. My brothers and sisters:

Have a safety plan too, that I know yes no

Know my safety plan yes

5. If we leave the house I would like to go to

I have a bag of things that are important to me at (safe relative/friend's house)

6. If I am hurt I will tell (including telephone numbers)

If my mum is hurt I will tell (including telephone numbers)

7. I can talk about how I feel with (including telephone numbers)

The people who know this plan are:

Mother

Safe relative/friend

Teacher

Social Worker

Others

I can't stop the violence but I can do these things to keep safe agree

Signed _____

Date _____

Mother _____

Date _____

Practitioner _____

Date _____

Working with Perpetrators who Abuse their Partners

1. Work with women and children alone will not solve child protection issues when the primary abuser is the cause of the child protection concern. Social workers may come into contact with the abuser at their home, at a case conference, at contact centres or if he visits Children's Services offices. He may be on his own or with his partner and / or children. It is likely that he will initially appear to be co-operative but he may want to deny, blame and minimise his abuse. There are, therefore, no easy methods or answers when working with men who are abusive to women partners. The information below, however, is designed to assist you with good practice and quality assessments of children experiencing domestic violence.
 - 1.1. Men who abuse women partners believe that their use of violence and abuse is justified and expect to get away with it⁹. Perpetrators seek to control and dominate their partners because they benefit from it, examples include: stopping her seeing her friends, winning the argument, getting his way, making her have sex, stopping her leaving.
 - 1.2. Men who perpetrate domestic violence generally seek help when they are under pressure or when they feel that they are losing control of the situation (for example: when his partner has left him or when Police, Children's Services or the courts are involved)¹⁰. This is not genuine motivation for change, no matter how convincingly they might present themselves.
 - 1.3. When you become involved with a family because of domestic violence there will already be a history of violence and abuse. It will never have been the first incident.
 - 1.4. There is a high risk to women and children's safety whether or not they stay with or leave the abuser. The longer he lives with them the more dangerous he becomes. The point at which women leave is a dangerous time so be aware of this when assisting a woman planning to leave with her children.
 - 1.5. Men who abuse women fail to acknowledge the effect this has on children and are often physically abusing the children. Children living with domestic violence will be experiencing emotional abuse.
 - 1.6. Where domestic violence has been the feature of a relationship, then research shows that violent men use contact to continue to abuse both women and children. Therefore, where there has been domestic violence, contact is not always in the best interests of the child.

⁹ MOONEY J (1994) *"The Hidden figure: Domestic Violence in North London"* - 63% of men believed that violence against women is sometimes justified.

¹⁰ Lee SJ (1999), *"Do programmes for men who abuse their women partners constitute an effective response to the problem of domestic violence?"*

- 2. Good Practice Guidelines For Work With Perpetrators Who Abuse their Partners**
- 2.1 Share information with his partner and with other agencies involved, about your work with him. It is good practice, for safety reasons, that women are given confidentiality and you negotiate with her about any information she wants him or another agency to receive.
- 2.2 Work with relevant agencies to gather as much information as possible about the perpetrator, for example about his past abuse, past relationships, and what he says about the abuse. Relevant agencies might be drug and alcohol agencies, GP, hospital, housing services, Relate, Police and probation service.
- 2.3 In high risk cases it is helpful to consider how the violent partner will be assessed and worked with. It is good practice that this is a different person from the professional who is responsible for protection planning with the women and children. The perpetrator may already be working with another agency such as the probation service, which may have responsibility for him. Abusers may try and sabotage this work, so it should be carefully planned and managed so that those professionals maintain good working relationships with each other.
- 2.4 Keep detailed records of your contact with him as he may contradict himself at times and also change his story. Encourage other agencies to do the same. These records will help you remain confident during your ongoing work with him. Remember that written records can be used in court and it is important that they are accurate, factual, written at the same time as the meeting, dated and signed. Also maintain contact with other agencies to see what the perpetrator is telling them, information he gives agencies may often be contradictory.
- 2.5 Hold the perpetrator accountable for his violence and abuse against his partner and children. Assist him to acknowledge this by exploring his beliefs about women and relationships and the intentions behind his abuse.
- 2.6 Ask questions that keep him focussed on his attitudes towards women, his expectations of his partner and on his behaviour. He will initially want to put his partner down, blame her and expect you to collude with him. Therefore:
 - Avoid nodding or smiling at things he says that you don't agree with
 - Be alert to his blame, minimisation and denial tactics and challenge these
 - Don't give him information about contact with his partner or children that may jeopardise their safety (including letting him see case notes).

3. Asking Questions

- 3.1 Practitioner's responses to any disclosure, however indirect, could be significant for encouraging responsibility and motivating a man towards change.
- 3.2 If the man presents with a problem such as drinking, stress or depression, for example, but does not refer to his abusive behaviour, these are useful questions to ask:
- how is this drinking/stress at work/depression affecting how you are with your family?
 - when you feel like that what do you do?
 - when you feel like that, how do you behave?
 - do you find yourself shouting/smashing things?
 - do you ever feel violent towards a particular person?
 - it sounds like you want to make some changes for your benefit and for your partner/children. What choices do you have? What can you do about it? What help would you like to assist you to make these changes?
- 3.3 If the man has stated that domestic abuse is an issue, these are useful questions to ask:
- it sounds like your behaviour can be frightening; does your partner say she is frightened of you?
 - how are the children affected?
 - have the Police ever been called to the house because of your behaviour?
 - are you aware of any patterns – is the abuse getting worse or more frequent?
 - how do you think alcohol or drugs affect your behaviour?
 - what worries you most about your behaviour?
- 3.4 Although some men initially deny this, we know that men's violence against women partners is intentional behaviour in order to control and dominate her:
- what do you try and make your partner do?
 - what do you try and stop her from doing?
 - what do you want to feel when you are abusing and controlling her?
 - we know that these intentions come from your attitudes and expectations about women and your rules about the relationship. Let's explore yours.
- 3.5 If a man responds openly to these prompting questions, more direct questions relating to heightened risk factors may be appropriate:

- do you feel unhappy about your partner seeing friends or family - do you ever try to stop her?
- have you assaulted your partner in front of the children?
- have you ever assaulted or threatened your partner with a knife or other weapon?
- did/has your behaviour changed towards your partner during pregnancy?
- the information you gather will be the basis for your decision about how best to engage and what kind of specialist help is required - either for the man or to manage risk.

4. Responding To Disclosures From Abusive Partners

4.1 Practitioners *can* make a difference and influence a family's situation and a child's wellbeing, by following good practice response guidance, such as:

- be clear that abuse is always unacceptable
- be clear that abusive behaviour is a choice
- affirm any accountability shown by the man
- be respectful and empathic but do not collude
- be positive, men can change
- do not allow your feelings about the mans behaviour to interfere with your provision of a supportive service
- be straight-forward; avoid jargon
- be clear about the judgement of risk to the children and the consequences of this including what actions he is expected to take
- whatever he says, be aware that, on some level he is unhappy about his behaviour
- be aware, and tell the man, that children are always affected by living with domestic abuse, whether or not they witness it directly
- be aware, and convey to the man, that domestic abuse is about a range of behaviours, not just physical violence (see definition)
- do not back him into a corner or expect an early full and honest disclosure about the extent of the abuse
- be aware of the barriers to him acknowledging his abuse and seeking help (such as shame, fear of child protection process, self-justifying anger)
- be aware of the likely costs to the man himself of continued abuse and assist him to see these.

5. Guidelines For Inviting Violent Partners To Child Protection Case Conferences

- 5.1 The principles outlined below should be considered also when considering whether to invite the abusive partner to any meeting with the mother and/or other agencies present.
- 5.2 Where there are legitimate concerns of Domestic Violence the violent partner should only be invited to the Conference where there is confidence that this does not jeopardise the safety of the mother, or other members of the Conference, or prohibit anyone from contributing as they need to.
- 5.3 To ensure this general condition is met there is a need to ensure:
 - a) the views of the mother have been ascertained
 - b) there is confidence that no information is likely to be presented to the Conference which is new to the violent partner and may increase risk to the mother e.g. a Conference member reporting a disclosure that the violent partner is not aware has been made.
 - c) no Conference member will feel inhibited from presenting information because of the presence of the violent partner and uncertainty as to whether the information is known to him.
 - d) there is no injunction in place which would be violated by inviting the abusive partner.
- 5.4 In many cases it will be difficult to have such reassurance before an Initial Conference as this may be the first opportunity for the network to share information. Each case, following these general guidelines, needs to be considered on an individual basis. It is crucial whenever there is a concern about violence in any case coming to Conference that the Chair is consulted about the attendance of the abusive partner.
- 5.5 Confidential slot: the Chair may wish to arrange for the abusive partner and the mother to attend the Conference at separate slot times.
- 5.6 NDVF, WAIS and Nottingham Children's Social Care have developed a pilot project that includes a 6-week programme for individual male perpetrators and attached support for women partners and children.

SCREENING TOOL FOR MALE VICTIMS

Genuine Survivor of abuse	Yes? No?	Predominant Abuser/ Equally abusive	Yes? No?	Comments / det
Fearful of his partner		Does not express or demonstrate fear of his partner		
Fearful of the abuse		Does not express or demonstrate fear of the abuse		
Confused about what is happening		Presents himself confidently		
Has tried to leave (unsuccessfully) or tried to repair the relationship		His partner has recently left him or is in the process of leaving him		
Feels empathy for his partner's current problems or childhood experiences		Little or no empathy with his partner and focussing solely on himself		
Minimises the severity of the abuse, but is able to provide details in a chronological order, given time		Is good at focussing on one incident but is vague about incidents or events when you enquire further		
Feels ashamed of the abuse, and of being a victim		Assertively claims the victim status and does not find fault in himself		
Feels remorse or guilt for having retaliated		Feels aggrieved and in the right		
Excuses the actions or expectations of his partner and carries the responsibility for the problems in the relationship		Blames his partner for the abuse, presenting his partner for example as an unreasonable or unstable character		
Worries about how it is effecting the children		Does not consider the children's experiences or feelings		
Feels a sense of obligation to protect the abusive partner		Negative or unreasonable attitudes and statements about his partner		

Local Support Agencies

1. **Women's Aid Integrated Services 24-hour free phone help line 0808 800 0340; text phone 0808 800 0341 and language line for City and County survivors and practitioners**

Women's Aid Integrated Services has worked for 25 years in Nottingham providing support, information, advice and refuge to women and children at risk of domestic violence and abuse. It is a free, confidential and independent service run by women for women who are experiencing or who have experienced domestic violence. Women's Aid Integrated Services offers information to women or agencies working with women.

Women's Aid Integrated Services also offers a 24-hour free phone help line, to accompany women to appointments such as solicitors, a wheelchair accessible drop in 10 – 4pm Monday to Friday with crèche facilities for children aged 2 – 5. The language line enables callers to have instant access to interpreters in over 100 languages and the text phone and type talk offers services for deaf women.

2. **Nottingham's 3 Refuges**

Nottingham has 3 Women's Aid refuges in the city, including Zola refuge for women from BMER communities. Refuges offer emergency, temporary accommodation for women who wish to have respite from the abuse, get legal advice and an injunction, or get re-housed. Two refuges have wheelchair access and all the refuges offer support to children and young people. The refuges also currently offer outreach to women for whom refuge may not be accessible or appropriate and floating support to women who have left the refuge to enable them to settle back into the community. Contact Women's Aid Integrated Services (0808 800 0340) for referral to a refuge.

3. **County Specialist DV services:**

Broxtowe Women's Project

Services: Info and Advice Centre, Survivors Support group

Address: PO Box 6660, Nottingham, NG16 3ZE

01773 719111

North Nottinghamshire Independent Domestic Abuse Services

Services: Women's Refuge, Safety Centre, Children's Outreach, MAPPA

Women's Safety, IDVA service, DV training

Address: 30 St John St, Mansfield, NG18 1QJ

01623 683250

Midlands Women's Aid

Services: Women's Refuge and Outreach services

Address: PO Box 8, Beeston, Nottingham

0115 9257647

Newark Women's Aid

Services: Women's Refuge and Outreach services
Address: PO Box 28 Newark, NG24 4WD
01623 679687

Nottinghamshire Women's Aid (includes Farr Centre, Worksop)

Services: Women's Refuge, Info and Advice Centre, Sanctuary Floating Support, Children's Outreach, IDVA service, DV Training
Address: The Farr Centre, Chapel Walk, Westgate, Worksop, S80 1LR
01909 533610

Women's Aid Integrated Services, Nottingham

Services: Info and Advice Centre, 24 Hour helpline, Sanctuary Floating Support, Children's Outreach, IDVA service, DV Training
Address: Women's Centre, 30 Chaucer St, Nottingham NG1 5LP
0115 9475257

Rushcliffe

In the absence of a specialist DV service based in Rushcliffe, information outreach and support is available from Rushcliffe Borough Council DV Support Officer 0115 9148287

Sanctuary Scheme

This is a partnership between following agencies: Broxtowe, Gedling and Rushcliffe Borough Councils, Notts Police, Notts Fire & Rescue Service, WAIS, Broxtowe Women's Project, Midlands Women's Aid and Supporting People Nottinghamshire.

Nottinghamshire Sanctuary Scheme contacts

Ashfield	01623 457532
Bassetlaw	01909 533119
Broxtowe	0115 9173565
Gedling	0115 9013679
Mansfield	01623 683252
Newark & Sherwood	01636 655664
Rushcliffe	0115 914 8287 /: 07771 690 411

4. Nottinghamshire Domestic Violence Forum

Tel 0115 962 3237

Fax 0115 962 4738

Email enquiries@ndvf.co.uk

Web www.ndvf.org.uk library of local and national policy, practice and guidance

Nottinghamshire Domestic Violence Forum (NDVF) is an independent inter-agency initiative that brings together a range of voluntary and statutory organisations and individuals to work on tackling issues related to domestic violence throughout Nottingham and Nottinghamshire. NDVF aims to reduce

domestic violence by strengthening inter-agency working and changing attitudes.

NDVF provides training, seminars, newsletters and resources to professionals.

There are three projects within NDVF – The Information and Resources Project which administers the Inter-Agency Training Programme and the website. Both are accessed by all partners across City and County.

The TRI project -which specialises in providing training, resources and information on work with men who perpetrate violence and abuse towards women and also work with men who experience violence and abuse.

The Impact Project – working with vulnerable young people on healthy relationships and domestic violence.

5. Domestic Violence Co-ordinators

Each District Council now employs a Domestic Violence Co-ordinator – useful in relation to services and contacts in housing, anti-social behaviour, local training. These individuals can be contacted through the relevant district council .

Nottinghamshire County Council Domestic Violence Policy Officers–

Rachel Adams 0115 977 2015
Sarah Jo Lee 0115 9772040

Nottingham City Council Domestic Violence Strategy officer –

Jane Lewis 0115 915 6382

6. Nottinghamshire Police

Each Police division has a Domestic Abuse Support Unit (DASU) with dedicated trained officers to ensure all reports of domestic violence are investigated fully and dealt with as a matter of urgency. The Police can also put victims in contact with support groups and refuges.

For information about your local DASU contact:

Mansfield/Ashfield	01623 483947
Bassetlaw and Newark	07909 934447 or 01909 500999 ext 7530 or 7531
Nottingham City	0115 967 0999

Nottinghamshire South

0115 844 4014

For further information visit www.nottinghamshire.police.uk.

7. Nottinghamshire Probation Service

Nottinghamshire Probation Service supervises many DV Perpetrators on Supervision Orders from the Courts.

Probation Services have developed a programme for perpetrators called IDAP (Integrated Domestic Abuse Programme). This is offered in Nottingham/shire to convicted perpetrators where the Courts make this a requirement as part of the sentence. Opportunities for safety planning and support are provided to women survivors by the Probation Women's Safety Service when their ex-partner is on IDAP.

Contact Notts Probation on 0115 8406500

8. Nottingham Rape Crisis

0115 941 0440

- Provides services for women and girls only who have been raped or sexually abused as adults or children
- Information service
- Support service, accompanying women to Police stations, clinics and courts
- Telephone counselling
- Face to face counselling by appointment

- Email: nrccnottingham@hotmail.com

Opening times

Monday 10am - 12pm

Tuesday 1.30pm - 7pm

Thursday 10am - 12noon

Friday 10am - 12noon

9. Nottingham Sexual Abuse Referral Centre (SARC)

A SARC is a one stop location where female and male victims of rape and serious sexual assault can receive medical care and counselling, and have the opportunity to assist the Police investigation, including undergoing a forensic examination.

Tel No 24 hours a day 0845 600 1588

10. Roshni –Asian Women’s Aid

Outreach for women and Children – also refuge service

0115 988 1414

Free confidential advice and support for women and children affected by domestic abuse.

11. Action on Elder Abuse

020 8765 7000

www.elderabuse.org.uk

Astral House, 1268 London Road, London, SW16 4ER

Preventing abuse in old age by raising awareness, providing education and promoting research.

12. Childline

0800 1111

www.childline.org.uk

Free 24-hour helpline for children and young people in the UK.

13. Criminal Injuries Compensation Scheme

02078426800

www.cica.gov.uk

Morley House, 26-30 Holborn Viaduct, London, EC1A 2JQ

Compensation for survivors of domestic violence who are no longer living with their partners.

Women's Aid Federation England www.womensaid.org.uk has survivor’s handbook on line and manage the national phone line.

14. Broken Rainbow: National LGBT Domestic Violence Helpline

Ring the Helpline on 0845 2604460, Minicom 0207 2313884

Broken Rainbow is a charity dedicated to supporting lesbian, gay, bisexual and transgender people who are experiencing domestic violence. The service manages a helpline, and also advises mainstream organisations and offers training on LGBT issues. The Broken Rainbow National Helpline offers a UK wide confidential service giving information, support and advice on legal and

housing options, safety and home security and will make referrals to other services as appropriate.

15. Respect Not Fear

www.respectnotfear.org.uk is a website for young people about respectful relationships.

16. MALE (Men's Advice Line)

0808 801 0327

www.mensadviceline.org.uk

National helpline for male victims, regardless of their sexuality.

17. Relate

www.relate.org.uk

Relate offers advice, relationship counselling, sex therapy, workshops, mediation, consultations and support face-to-face, by phone and through the website. Click on the web address for details of your local Relate.

Relate do not work with couples living with domestic violence – will work with individuals and with couples where domestic abuse has been in the past, if there is evidence that it is no longer occurring

18. SHINE NCHA Floating Support (Nottingham City)

For women at risk of domestic violence to maintain their tenancy 0800 013 8555

19. Forced Marriage Unit

At the Home Office: 02070080151 www.fco.gov.uk/forcedmarriage

Will provide advice and support to people concerned about forced marriage or to agencies working with someone they have concerns about.

20. Sanctuary Scheme:

Nottingham 0115 9154950

At Housing Aid in Nottingham enabling women from any tenancy to access extra security and support to remain in their own home

Broxtowe 0115 9173547

Gedling 0115 9013679

Rushcliffe 0115 9148346
Mansfield 01623 463528
Bassetlaw 01636 655215
Newark & Sherwood 01636 655546

21. RESPECT

0845 122 8609 <http://www.respect.uk.net>

The national organisation and phone line for perpetrators

22. Samaritans

0845 790 9090 (24-hour helpline)

www.samaritans.org.uk

24-hour confidential emotional support

23. Victim Support

0845 303 0900

www.victimsupport.org

Information and advice for victims of crime.

24 Asylum Seekers, Refugees, Women With Unsettled Immigration Status And Domestic Violence

24.1. The Difference Between Asylum And Immigration:

- The United Nations convention of refugees 1951 states that countries have to admit vulnerable people to their asylum process under a series of criteria.
- Immigration control entitles a state to determine their own immigration process. This could mean that criteria are based on skills for example as opposed to need.

24.2 Asylum Seekers (AS)

- AS arrive in the UK and claim asylum. They are waiting for a decision about their refugee status by the Border and Immigration Agency of the Home Office.
- AS may claim asylum if they are fleeing persecution, torture or harassment based on their religion, race, ethnicity, nationality or politics. (there is a current argument about 'gendered violence' and women who may be fleeing domestic violence from their own country not being included as fleeing persecution)

- The Border and Immigration Agency will make a decision about an AS and their refugee status based on their story and information contained in the Home Office country assessments of the country they are leaving.
- AS have no recourse to public funds and are financially supported by NASS (National Asylum Seekers Support Service)
- If an AS doesn't receive refugee status they will be removed from the UK
- Some AS to avoid removal become illegal immigrants and find their own work and accommodation unless they are found and removed
- The Dublin Convention states that asylum seekers should claim asylum in the first safe country (this is why some people are removed back to that country).

24.3 National Asylum Seekers Support Service

- Disperse AS from ports of entry such as Dover into emergency accommodation and then they are dispersed throughout the country.
- Provide financial support. Previously through voucher systems and now through a plastic card which acts as ID and a 'bank card'. This means AS can access money from the Post Office. This only applied to asylum seekers entering the country now. Eventually all asylum seekers will use this method.
- In Nottingham Refugee Action provides temporary emergency accommodation whilst permanent accommodation is sought from another provider.
- The AS stays in accommodation until they have decision about their status.
- If they do not receive refugee status families will stay in their accommodation until they are removed from the UK.
- Single people have 14 days to leave after the final decision about status

Asylum seekers supported by NASS and in NASS accommodation who are at risk of domestic violence can go into refuge for a few days although they have no recourse to public funds. The refuge must contact the NASS manager who will pay rent and personal costs and find alternative safe NASS accommodation through the dispersal scheme. The refuge can offer refuge and Floating Support as Supporting People is not a public fund.

24.4. Documentation

Women who are AS or refugees may have the following documents:

- NASS 35 (is like a passport and contains all relevant information including both reference numbers)
- Home Office grant of status decision letter (ILR or ELR) with a reference number

- Immigration and Nationality Directorate 'Sal2' with a reference number

Women may not have their own documentation but should have their own ID card. If you give NASS the women's name and date of birth they should be able to tell you her status and whether she is entitled to NASS support and able to stay in refuge.

24.5. Refugees

Are Asylum Seekers who have been awarded refugee status either:

- Indefinite leave to remain (ILR) this entitles them to full benefits and access to health, housing, education and all public funds
- Exceptional leave to remain (ELR) means that while they may not be recognised as fleeing persecution etc they may have good reason to stay for a while (this could be up to 5 years). A person with ELR is entitled to benefits, housing, health and education etc.
- People with ILR and ELR can apply for travel documents, which enable them to travel anywhere except the place they are fleeing.

Refugees have recourse to public funds and are able to access refuge as normal.

24.6. Women With Unsettled Immigration Status Who Are Entering The UK To Join Their Settled Partner

Women must complete a 2-year probationary period before they can make an application for indefinite leave to remain (ILR) with their settled partner in the UK.

- Women are dependant on their partners to apply
- To apply women have to complete a Home Office application form and include relevant documentation
- Women who do not apply within the time scale are over stayers and at risk of deportation unless they can claim asylum under the EHRA

A concession to the 2 year rule is that women may apply for ILR if they can show that they have been living with domestic violence. Evidence must 2 of either:

- Injunction, non molestation order or other protection order against the sponsor (other than ex-parte / or interim order
- Court conviction
- Police caution

Or

- Medical report from a hospital doctor or GP confirming injuries consistent with domestic violence

- An undertaking to court that the perpetrator will not approach the survivor
- A police report confirming attendance at the home of the applicant as a result of domestic violence
- A letter from Children's Social Care
- A letter from a refuge

24.7. Women with No Recourse to Public Funds

- Women who are not claiming asylum or who have failed or who are applying for ILR through marriage to their settled partner have no recourse to public funds (although they can do paid work).
- Since 2009 the Home Office has funded a scheme called the Sojourner Project which provides financial support and a fast track immigration service for women with no recourse who are fleeing domestic violence. Womens' Refuges claim these funds on behalf of residents. Contact Sojourner on 0207 840 7147
- It is possible that through the 1989 Children's Act Section 17 and the National Assistance Act that Children's Social Care may provide short term financial assistance if the women has children. Alternatively Children's Social Care may take children into care.

'Public funds' include social housing and welfare benefits but not access to education or health care or Supporting People funding.