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

Inter-agency Practice Guidance



Nottinghamshire
SAFEGUARDING
CHILDREN Board



NOTTINGHAM CITY
Safeguarding
Children BOARD

Nottingham City and Nottinghamshire Safeguarding Children Boards

DOMESTIC VIOLENCE PRACTICE GUIDANCE SUMMARY

This summary should be used to provide an initial overview of best practice in relation to children and domestic violence and the forms used to assess risk and refer appropriately. When time allows and when undertaking assessments or writing reports, the full Inter-Agency Practice Guidance should be consulted - available from Safeguarding Board websites.

1. DEFINITIONS

This guidance covers purposeful, controlling, violent and abusive behaviour, usually by a man to a woman partner or ex-partner or other family member. The terms domestic violence and domestic abuse are used interchangeably. Domestic violence affects all races, classes and ages. It also occurs in same sex relationships, to men by women partners and by family members to other family members. Domestic violence includes forced marriage, honour based violence, female genital mutilation and trafficking.

2. PRINCIPLES

Abusive, violent and controlling behaviours are unacceptable in all circumstances.

The Child'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.

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.

Support for Non-Abusing Parent: When there are concerns about the safety of children as a consequence of DV, supporting the non-abusing parent is important in order to prevent further harm to them and their children and to repair the damaged parent child bond.

Roots of domestic violence lie in cultural beliefs, gender identity and gender roles. DV can be understood by recognising that perpetrators believe that they have a right to exert power and control over their partners and children, and believe that they benefit from their behaviour.

Routine/Direct enquiry. It is always good practice to ask about DV regardless of your assumptions – make sure person is on their own and knows it is safe to talk - examples of helpful questions are:

Is everything OK at home? How does your partner feel about you coming here? Do you ever feel threatened?

Believe survivors. Evidence tells us that it is important to believe the survivors' version of events as they will often have a clearer idea of how safe they are than a professional making observations. However some survivors do minimise their risks and agencies need to be mindful of this also.

Safety Planning should be offered in all cases. This provides survivors with strategies for keeping themselves and their children safe. Safety planning empowers the person to identify ways in which they can be safer when experiencing abuse. You can access a sample safety plan on the Nottinghamshire Domestic Violence Forum website www.ndvf.org.uk

Complex needs. Survivors who use drugs or alcohol and or have poor mental health may have additional barriers to disclosing and getting help. Joint work with specialist agencies is recommended.

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.

Male Victims

Men may experience DV from a family member, male or female partner. Evidence suggests that 50% of men who disclose may be the primary perpetrator, so it is good practice to use the NDVF male victims screening tool P14 to give you confidence that you are working with a genuine survivor. Failure to do this can put the genuine survivor and any children at risk. See also NDVF website www.ndvf.org.uk

Confidentiality: All professionals need to be aware of their agency's boundaries to confidentiality and to be clear about their roles and responsibilities. Evidence suggests that some people will go to extraordinary 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.

Information Sharing: Responsible information sharing plays a key role in enabling organisations and professionals to protect people affected by domestic violence. 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.

Accurate and secure Record Keeping: Accurate documentation and record keeping have an important role in responding to domestic violence and may provide cumulative evidence of abuse.

4. RISK ASSESSMENT

Practitioners are expected to use the DASH Risk form (see P4) in all cases of suspected DV in order to assess the level of risk and determine the course of action.

- Explain purpose to the survivor
- Ensure safe and private space with enough time to complete the form (not in front of the children)
- if in doubt record concerns and use professional judgement

- Use the classification grid on P11 to determine whether the survivor is at high, medium or standard risk

5. SPECIALIST SERVICES

The full practice guidance and the Nottinghamshire Domestic Violence 24hour helpline have a wide range of useful numbers for specialist services. Some of the most common are:

Nottinghamshire DV 24hour Helpline	0808 800 0340
with language line and text phone	0808 800 0341
Safeguarding Children City	0115 9155500
Safeguarding Children County South	0115 8546356
Safeguarding Children County North	01623 520520
Women's Aid Integrated Services (Greater Nottm)	0115 9475257
North Notts NNIDAS (Mansfield/Ashfield)	01623 683250
Notts Women's Aid (Bassetlaw Newark &S, M&A)	01909 533610
Victim Support	0845 3030 900
Rape and Sexual Assault	
Sexual Assault Referral Centre	0845 600 1588
Nottingham Rape Crisis Centre	0115 9410441
Substance misuse services	
John Storer Clinic	0115 9418964
North Notts Alc & Drugs Servs	01623 408432
Safeguarding Vulnerable Adults – Adult Social Care and Health	
Nottinghamshire	01623 473225
Nottingham	0115 9155500
Asian Women's Aid - Roshni	0115 9881414
LGBT Survivors - Broken Rainbow	0845 2604460
Male victims - MANN Project	01623 683633
-Victim Support	0845 3030900

Domestic Abuse, Stalking and Harassment and Honour based violence (DASH 2009) Risk Model plus Referral Pathways for use in Nottingham and Nottinghamshire

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)

Perpetrator GP Details <i>if known</i> :	
Is there a history of violence, domestic or other?	
<input type="checkbox"/> None <input type="checkbox"/> Violence <input type="checkbox"/> Sexual <input type="checkbox"/> Other (specify below) <input type="checkbox"/> Not known	
Does the suspect have access to firearms?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known	
Existing Bail Conditions? (add detail)	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known	

Details about children should be written below

<u>Children Living Within Domestic Abuse Household or Exposed to Domestic Abuse</u>						
Name	D O B	Gender (M) (F) (NK)	Home Address	Relationship to the alleged victim?	Relationsh ip 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.	<i>Yes</i> <input checked="" type="checkbox"/>	<i>No</i> <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"/>

	<i>Yes</i> <input checked="" type="checkbox"/>	<i>No</i> <input checked="" type="checkbox"/>
<p>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)</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>CHILDREN/DEPENDENTS (If no children/dependants, please go to the next section)</p>	<i>Yes</i>	No
<p>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</p>	<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)? Please give details</p>	<input type="checkbox"/>	<input type="checkbox"/>

	<i>Yes</i> <input checked="" type="checkbox"/>	<i>No</i> <input checked="" type="checkbox"/>
<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 type="checkbox"/>	<input type="checkbox"/>
<p>12. Has (.....) ever threatened to hurt or kill the children/dependants?</p> <p>Hurt <input type="checkbox"/> Kill <input type="checkbox"/></p>	<input type="checkbox"/>	<input type="checkbox"/>
DOMESTIC VIOLENCE HISTORY	<i>Yes</i>	<i>No</i>
13. Is the abuse happening more often?	<input type="checkbox"/>	<input type="checkbox"/>
14. Is the abuse getting worse?	<input type="checkbox"/>	<input type="checkbox"/>
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)	<input type="checkbox"/>	<input type="checkbox"/>
<p>16. Has (.....) ever used weapons or objects to hurt you?</p> <p>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"/>

	<i>Yes</i> <input checked="" type="checkbox"/>	<i>No</i> <input checked="" type="checkbox"/>
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)	<input type="checkbox"/>	<input type="checkbox"/>
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:	<input type="checkbox"/>	<input type="checkbox"/>
21 Do you know if (.....) has hurt anyone else? (Children/siblings/elderly relative/stranger, for example. Consider HBV. Please specify who and what) Children <input type="checkbox"/> Another family member <input type="checkbox"/> Someone from a previous relationship <input type="checkbox"/> Other (please specify) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Has (.....) ever mistreated an animal or the family pet?	<input type="checkbox"/>	<input type="checkbox"/>
Abuser(s)	<i>Yes</i>	No
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 <input type="checkbox"/> 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 <input type="checkbox"/> 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:		

SCREENING TOOL FOR MALE VICTIMS

Genuine Survivor of abuse	Yes? No?	Predominant Abuser/ Equally abusive	Yes? No?	Comments / detail
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		

Referral Pathway for Safeguarding Children affected by Domestic Violence (DV)

