

**SOUTH GLOUCESTERSHIRE
MULTI-AGENCY BEST PRACTICE GUIDANCE ON IDENTIFYING
AND RESPONDING TO DOMESTIC ABUSE**

2014



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1. INTRODUCTION

The purpose of the 'South Gloucestershire Multi-Agency Best Practice Guidance on Identifying and Responding to Domestic Abuse' document is to:

- Provide guidance on best practice procedures for identifying cases of Domestic Abuse and responding in the most appropriate way
- To provide guidance on dealing with domestic abuse cases risk assessed as 'Standard or Medium' risk, and to sign post to relevant documentation on dealing with 'High Risk' cases.
- Establish accountability and responsibility amongst practitioners
- Answer key questions about identifying and responding to cases of Domestic Abuse.

The guidance is designed to ensure that practitioners are best placed to respond correctly to cases of Domestic Abuse, and the guidance should be read in conjunction with local and national policies on Safeguarding Adults and Children & Young People, along with the South Gloucestershire MARAC Operating Protocol.

The guidance is not aimed to provide an exhaustive list of possibilities for responding to Domestic Abuse, and practitioners should be aware of any procedures that their own agencies hold in dealing with such cases.

As of 13th April 2011, the Local Authority holds a statutory obligation to consider conducting a Domestic Homicide Review (should a death (Suicide/Homicide) occur within South Gloucestershire as a result of Domestic Abuse). This guidance is therefore designed to ensure that all agencies have the opportunity to put actions in place, and ensure that should a review take place you and your agency did all you could.

This document may also be used/crossed referenced for single agency domestic violence/abuse policies as required.

1.1 Definition of Domestic Abuse

National Definition of Domestic Violence / Abuse, March 2013 (HM Government)

'Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged **16 or over** who are or have been intimate partners or family members regardless of gender or sexuality.

This can encompass, but is not limited to, the following types of abuse:

- psychological
- physical
- sexual
- financial
- emotional

'Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

'Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.' *

This definition, which is not a legal definition, includes so called 'honour' based violence, female genital mutilation (FGM) and forced marriage, and is clear that victims are not confined to one gender or ethnic group.

Given the change in definition, it is clear that there will be overlaps between domestic abuse and safeguarding children; with the Adoption and Children Act, 2004 stating that witnessing the ill-treatment of another person constitutes significant harm and therefore children living in abusive households will be adversely affected by the environment.

Those cases of domestic abuse where a victim has been identified as being aged 16-17 should also be considered within Safeguarding Children practices and professionals are advised to refer to the South Gloucestershire Council Safeguarding Children Threshold Guidance and Matrix. ¹

1.2 Guidance Review

This guidance will be reviewed annually from the date of publication by the South Gloucestershire Partnership Against Domestic Abuse.

Requests for additions or changes should be made in the first instance to the South Gloucestershire Council, Community Safety Team: communitysafetyteam@southglos.uk

The following sections of this document will guide practitioners in ways of identifying and responding to domestic violence/abuse.

¹ South Gloucestershire Council Safeguarding Children Threshold guidance and Matrix can be found [here](#).

2. Identifying Domestic Abuse

There are three probable starting points to identifying that someone is experiencing domestic violence/abuse:

1. They tell you (Disclosure)
2. You recognise signs and symptoms of domestic violence/abuse and ask appropriate questions to confirm the situation
3. You are a practitioner who practices routine enquiry

These starting points may be identified at the point of referral/contact with a client, in the course of working with an individual or family, or as a result of further assessments.

If you receive a direct disclosure please see section 3 on responding to domestic abuse.

The following section (2) provides detailed guidance in relation to supporting practitioners to identify and facilitate a disclosure using 'selective enquiry'.

2.1 Routine/Selective Enquiry

Routine enquiry: This is where some practitioners for example midwives, will undertake enquiries about domestic violence and abuse with all clients within a known 'at risk' group, for example, pregnant women. Routine enquiry usually involves a direct question about domestic violence/abuse.

Selective enquiry: This is a method for identifying domestic violence/abuse where a practitioner uses their knowledge and training to recognise the signs and symptoms of domestic violence/abuse (see below) to trigger the asking of more direct questions which should confirm the situation.

It is important that practitioners remain aware of the possible signs or risk factors that may indicate that someone is experiencing domestic abuse and to remember the power and control dynamics displayed within abusive relationships. This awareness of Domestic Abuse should become part of an everyday working pattern, ensuring that any suspicions or confirmation of abuse are responded to robustly.

Practitioners should remember not to be afraid to listen and trust their professional instinct.

2.2 Flowchart 1

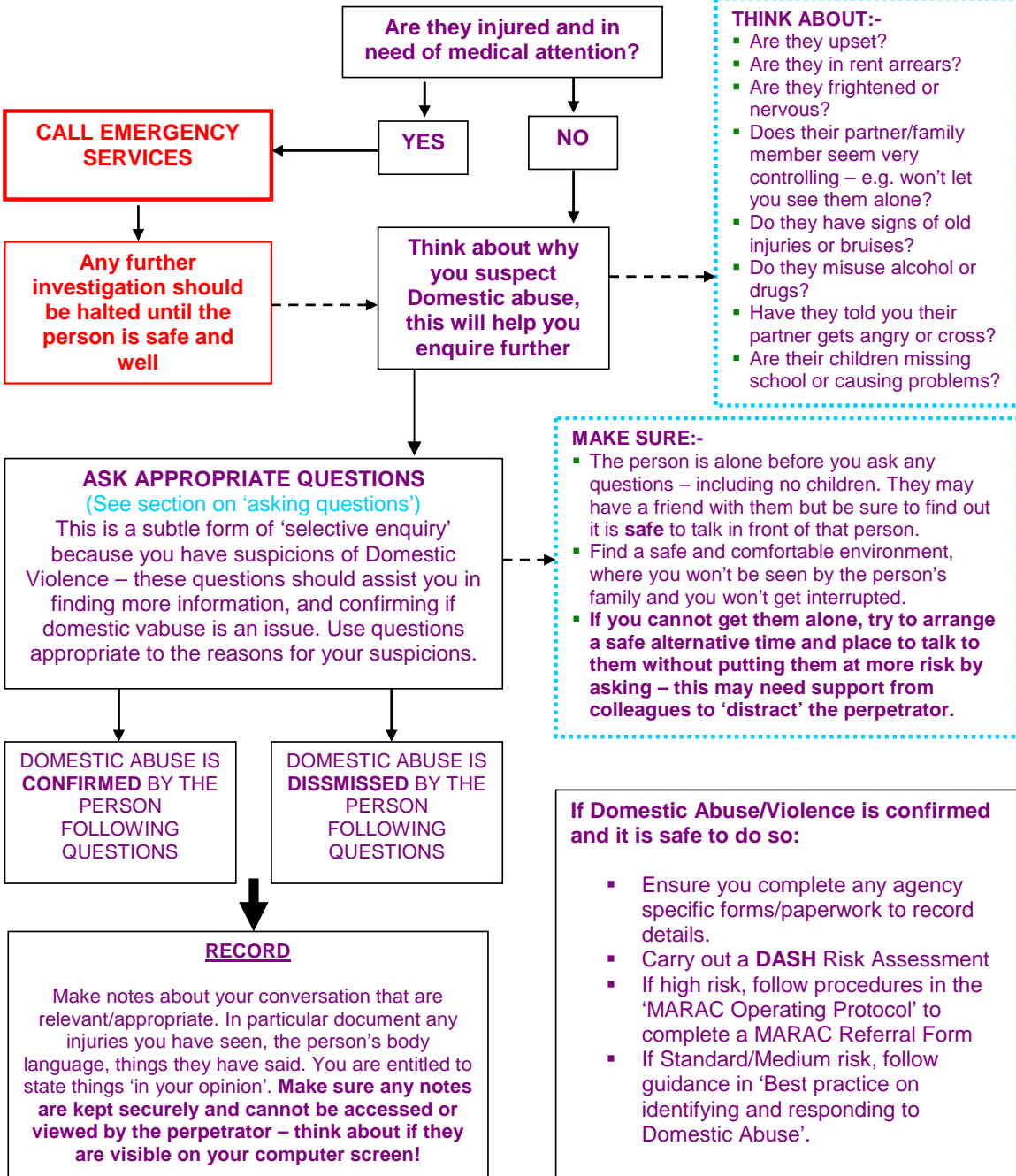
Flowchart 1 illustrates the guidance/process on identifying domestic violence/abuse.

**PROCESS CHECKLIST 1:
YOU SUSPECT DOMESTIC ABUSE/VIOLENCE BUT THIS HAS NOT BEEN CONFIRMED BY THE PERSON.**

Please note the suggested "signs & symptoms" of Domestic Abuse/Violence are not exhaustive you will need to rely slightly on your professional judgement. If you have any worries/gaps etc, refer to your line manager.

YOU SUSPECT DOMESTIC ABUSE/VIOLENCE
(Because you have identified possible signs of abuse but the person has not confirmed this)

Consider at all stages whether the victim would like to involve the police



2.3 Signs and Symptoms

There are many signs and symptoms that can be attributed to Domestic Violence/Abuse that may highlight a cause for concern.

It is essential that if you suspect any of the signs or symptoms of Domestic Abuse, that you take them seriously, enquire further and keep accurate records of your enquiry.²

2.3.1 Signs and Symptoms for Adults

The below list should not be considered as an exhaustive list of the signs and symptoms that a person may display should they be experiencing Domestic Abuse, but are indicators that may be recognised by professionals in their contact with potential victims.

Other behaviours not listed below may also be highlighted as a cause for concern and warrant further investigation. Equally, these signs and symptoms may be indicative of other circumstances, however they are an evidence based starting point for select enquiry for domestic violence/abuse.

Signs and Symptoms that may be displayed by an adult experiencing Domestic Abuse	
<ul style="list-style-type: none"> • Injuries inconsistent with the explanation • Person reluctant to speak in front of partner / family member • Partner / family member always speaks on behalf of the person • Person appears fearful of partner/family member • Person is belittled/humiliated by Partner/family member • Low self-esteem / Depression / Mental Health Complaints • Substance Misuse – Drugs / Alcohol • Pregnancy 	<ul style="list-style-type: none"> • Frequent appointments for vague symptoms • Avoidance tactics – missed appointments, difficult to engage • Person received frequent, harassing phone calls from their partner/family member • Person is isolated from family or friends • Bruises and injuries in 'hidden' areas / hides or minimises injuries • Have limited access to money/restrictions on use of money • Denial of abuse/ minimising • Blaming themselves

2.3.2 Signs and Symptoms for Children and Young People

It is well evidenced that children who live with Domestic Abuse face increased risk for their safety and wellbeing and experience great disruption within their lives. This has been formally recognised through the Adoption and Children Act 2004 which states that witnessing the ill-treatment of another person constitutes significant harm and therefore children living in abusive households will be adversely affected by the environment.

The impact of experiencing Domestic Abuse can vary according to the child or young person, and therefore the below list provides examples of behaviours that may be displayed, but it should be acknowledged that other behaviours may be highlighted by children and young people as a cause for concern during your enquiries.

² For details on training on domestic abuse, contact HRWorkforceDevelopment@southglos.gov.uk for more information.

Signs and Symptoms that may be displayed by a Child or Young Person experiencing Domestic Abuse	
<ul style="list-style-type: none"> • Poor reflective functioning • Limited capacity to explore & play, • Poor emotional regulation • Poor conflict resolution skills • Increased internalizing symptoms (withdrawn) • Externalizing problems (acting-out) • Decreased cognitive functioning • Issues with social skills • Appear anxious and frightened of parent (s) • Aggressive or confrontational behaviour • Appear concerned for parent (s)/ protective of parent (s) or siblings. 	<ul style="list-style-type: none"> • Disordered Attachments • Hyper-vigilance, hyper-activity & heightened arousal • 'Symptoms' may be misdiagnosed or wrongly assessed as illness (ADHD, Conduct Disorder, Anxiety, Depression), learning difficulties or naughtiness • Lack of school attendance/attainment • Low self esteem • Distrustful • Appear desensitised to certain behaviours • Unexplained or frequent illness • Lots of after school clubs • Needy for adult role models • Not wanting to go home

2.3.3 Social Symptoms

In addition to the behaviour of an individual there may be signs and symptoms present in their current social context:

- Recent Separation
- Issues with child contact
- Pregnancy/New Birth
- Controlling/Jealous behaviour displayed by partner or family member
- Child abuse/child protection issues
- Experience of sexual assault
- Mental health issues
- Misuse of alcohol or drugs

The above is not an exhaustive list, and there may be other social factors that are highlighted during your enquiries that signal domestic violence/abuse. The above list also links to risk factors present within domestic abuse: see section 3.2 on completing a risk assessment.

2.4 Asking Questions

Having identified a sign/symptom of possible domestic violence/abuse, practitioners should use appropriate questions to try to confirm if the person is experiencing domestic violence/abuse.

Before embarking on asking any questions, ensure:

- You and the individual are safe to proceed:
 - Where are you?
 - Who is around?
 - Is someone due to arrive soon?
- Make sure you have time-being rushed could create risks
- Is the individual comfortable?

2.5 Appropriate questioning

In asking questions it is important that you remain non-judgemental, listen and be aware of your reaction – try not to look shocked / disinterested. Quite often people will deny/minimise what is happening, but you have opened a door that they know is a route for support should they need it.

People experiencing abuse say they need to be asked – this can be done carefully and sensitively:

- How did your injury happen?
 - Is everything OK? / Are you safe to return to...?
 - I have seen injuries / behaviours like this before, and that time the person had been hurt by someone – are you sure everything is OK?
 - T.E.D... Tell me, Explain to me, Describe to me...
 - I am concerned by (sign/symptom) and would like to help, would you like to talk about anything?
-
- Think about safety before asking any questions – can anyone over hear you?
 - Do your colleagues know where you are?
-
- The perpetrator is in the house... or is present
 - Don't ask or don't continue with your questions
 - Ask them when / where is safe to talk
 - Create an opportunity as soon as possible to see them alone, are you with a colleague? Can they distract the perpetrator?
-
- The person is denying everything...
 - You have opened a door... they know you are interested.
 - Offer some options and leave information if it is safe to do so
 - Try asking again another time soon
 - Are they talking to anyone? Can you work in partnership?

It is important to note that you or your agency may have a procedure in place to deal with questioning, and the above are suggestions, not an exhaustive list. It is possible for you to be inventive in your questioning, and come up with other ways to ensure you support the person.

If the time is not right, consider how you can safely find out when you could talk to them.

Once the victim has disclosed details of their abuse to you, you are then able to ensure you respond the situation appropriately, and take action to ensure their safety (see section 3).

As stated in the section around Routine enquiry, some professionals will ask questions about domestic abuse to all clients they come in to contact with. For example, health visitors and midwives may ask the following types of questions within their routine enquiry:

- 'You may have been asked this question before but have you ever been emotionally or physically hurt by a partner or someone close to you?'
- 'Are you or have you ever been in a close relationship where someone has hurt you physically or emotionally?'

3. Responding to Domestic Abuse

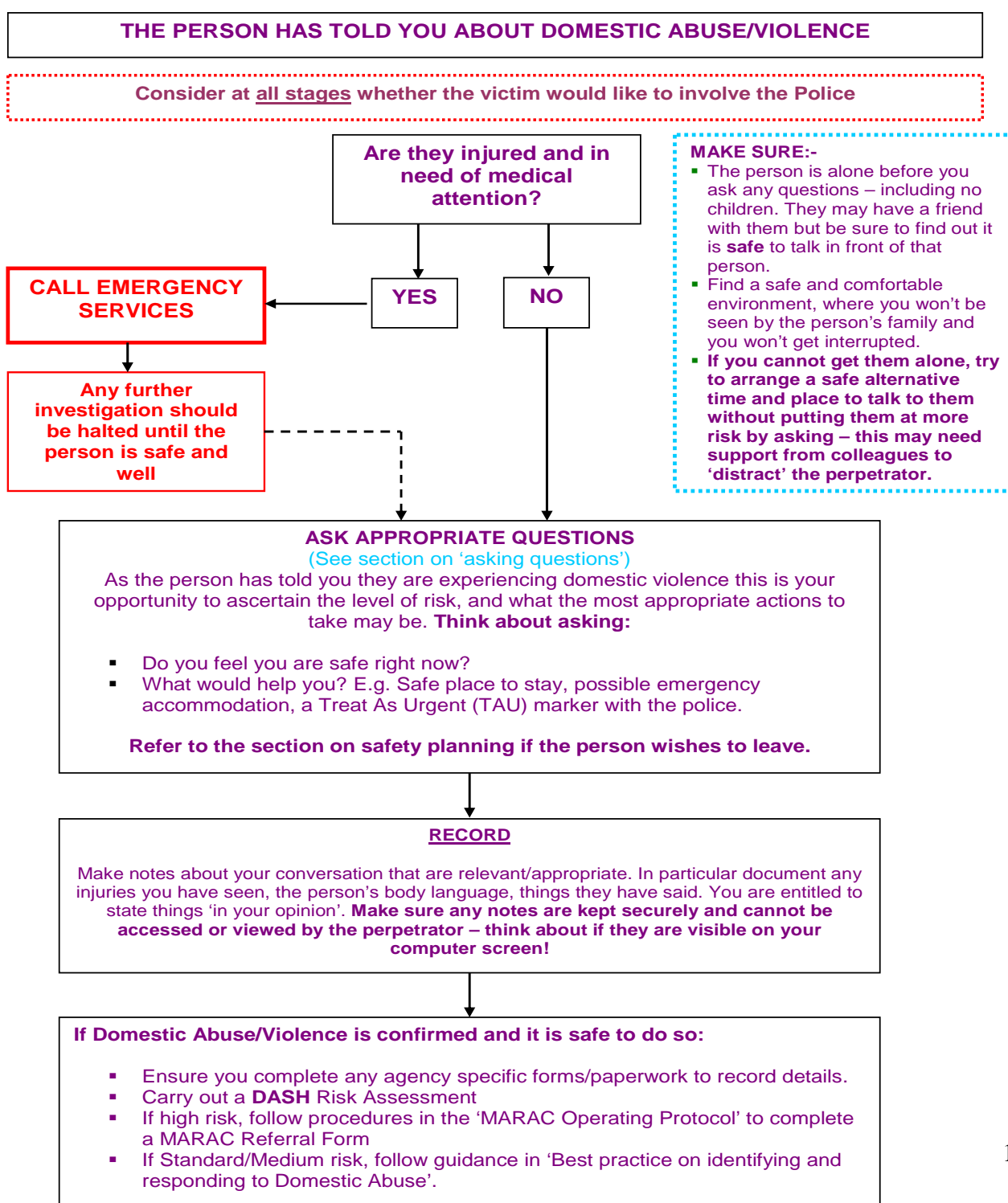
3.1 Flowchart 2

Flowchart 2 illustrates the guidance/process once a person has disclosed they are experiencing domestic violence/abuse.

Please be aware that you will require the victims consent to share their information or discuss their case with other professionals. If you risk assess the case as high risk, you will then be able to legitimately share their information without their consent

PROCESS CHECKLIST 2:

THE PERSON HAS TOLD YOU THEY ARE EXPERIENCING DOMESTIC ABUSE/VIOLENCE



3.2 Immediate Safety Actions/Measures

It is important that you avoid 'telling' someone what to do; remember, the nature of domestic violence/abuse probably means that someone is already doing this as part of a pattern of control. Instead, listen and offer options/choices.

In particular, advising some to 'leave' should be avoided; leaving may be a sensible option, however, it also presents an increased risk.

To ensure their safety and needs can be managed carefully, listening to what the person feels will keep them safe is critical; whilst you might not agree they know their situation better than anyone and they need to support any intervention for change. If of course, you have concerns for their immediate safety, you should call 999 and make any necessary safeguarding referrals.

If domestic abuse has been confirmed by the victim, it is important that you take any necessary immediate safety actions to ensure the risk to them will be reduced in the short term; prior to any further response actions.

The following list provides some examples of the immediate safety actions you may take. Please be aware that this list is not exhaustive, and your agency may have other procedures in place that may secure the victims safety:

- In an emergency always call the Police on 999.
- Is the person hurt? Consider if you need to call an ambulance or contact another health care provider.
- Are there children or vulnerable adults present? Consider if you need to make an onward safeguarding referral.³
- Does the person have somewhere safe to stay tonight?
 - Can they stay with friends or family?
 - Do they need temporary accommodation? (See the South Gloucestershire Directory of Domestic Abuse Services for information on where to seek refuge provision and emergency accommodation)⁴
- Has a crime been committed or is it likely a crime will be committed? Contact the Police on 999 or through the non-emergency number 101.
- Ensure you provide the victim with any emergency contact numbers, including a way of contacting you or your team should they need to.

It is important that you remember that the duty of care remains with you until you appropriately hand the risk to someone else and they accept it.

³ South Gloucestershire Council Safeguarding Children Threshold guidance and Matrix can be found [here](#) and contact details for safeguarding services can be found at www.southglos.gov.uk

⁴ Resources can be requested by contacting CommunitySafetyTeam@southglos.gov.uk 01454 868751.

It may be that given the circumstances, all you are able to do at this point is to ensure immediate safety of the victim/children. If this is the case, you need to follow the actions in section 3.2 and then make arrangements to continue your response at a future point.

3.3 Immediate actions for Practitioners

- Follow any necessary internal/agency procedures
- Ensure you inform your line manager or designated safeguarding officer about your concerns, agree a course of action and update them on what you have done
- Ensure your line manager is aware of your involvement, and they are informed of your attendance at any meeting with the victim that may be outside of your office environment.
- Collate and record all necessary information

4. Conduct a Risk Assessment

The South Gloucestershire Partnership Against Domestic Abuse advocate the use of the ACPO DASH (2009) risk assessment checklist to determine the level of risk of a domestic abuse case. The risk assessment checklist can also be downloaded from www.dashriskchecklist.co.uk⁵

The ACPO DASH is an evidenced-based tool, drawn from extensive research by leading academics in the field of domestic homicides, 'near misses' and lower level incidents and has been developed nationally to provide a consistent and practical tool to practitioners working with victims of domestic abuse to help them identify those who are at high risk. **'Risk' in these terms, is the risk of significant harm or death, by murder or suicide.**

4.1.1 When to use the DASH (2009) Risk Assessment Checklist

The checklist should be used whenever a professional identifies that someone is experiencing domestic abuse. It is designed to be used for those suffering current rather than historic domestic abuse and, ideally, should be used as a rapid response to an incident of domestic abuse. If you are concerned about the risk to a child/children or a vulnerable adult you should make a referral to the appropriate department to ensure that a full assessment of their safety and welfare is made – this may be in addition to or instead of a MARAC referral. For details of Safeguarding Children Thresholds Guidance and Matrix⁶ and local safeguarding referral pathways, see contents page for links.

Risk in domestic abuse situations is dynamic and can change very quickly. As and when things change the risk assessment must be re-visited and reviewed.

Ideally it is recommended that the DASH risk assessment checklist should be completed with the victim in person. However, it is also possible to complete the risk assessment after meeting with the victim, using your notes to complete it.

4.1.2 How to use the DASH (2009) Risk Assessment Checklist

It is advised that the DASH is completed on a face to face basis with the victim within a safe environment; however it may be that circumstances are inhibitive to this, in which case the DASH can be completed retrospectively following a conversation with the victim.

⁵ Richards, L (2009) *Domestic Abuse, Stalking and Harassment and Honour Based Violence Risk Identification, Assessment and Management Tool*, www.dashriskchecklist.co.uk.

⁶ South Gloucestershire Council Safeguarding Children Threshold guidance and Matrix can be found [here](#).

Upon completion of the DASH it is advised that all agencies, where appropriate, use the DASH within the framework of their own agencies information sharing policy and procedures. For more information please contact the Community Safety Team: (CommunitySafetyTeam@southglos.gov.uk 01454 868751).

Before you begin to ask the questions in the Risk Checklist:

- Ensure that any immediate safety issues are addressed and the victim is in a safe environment
- Establish how much time the victim has to talk to you?
- Is it safe to talk now?
- What are safe contact details?
- Establish the whereabouts of the perpetrator and any children/dependants
- Explain why you are asking these questions and how it relates to the MARAC

It is also advised that agencies check whether a DASH has already been completed by another colleague within their organisation. If so, it is recommended that the previous DASH is built upon within any new information provided to you by the victim.

Whilst you are asking the questions in the Risk Checklist:

- Identify early on who the victim is frightened of – ex partner/partner/family member
- Use gender neutral terms such as partner/ex-partner in your questions to create a safe, accessible environment for victims to facilitate greater chance of disclosure.

The ACPO DASH consists of 27 questions, written in a specific order to aid completion. Of these 27 questions, 15 relate to 'High Risk' indicators. Positive answers to question 8 (stalking) and question 20 (Honour-Based Violence) can also lead to the completion of some additional questions available within the document.

In order to get a comprehensive assessment of risk using the DASH, it is important to **ask all of the questions**. Without this there is a danger that you may overlook something significant in a case, which may result in your response to be inadequate.

The checklist can be answered using ticks to signify a yes or no response; practitioners are also encouraged to write additional information that may be relevant and to specify within comments if it is the view of the victim or practitioner.

4.1.3 Outcome of the DASH (2009) Risk Assessment Checklist

Following completion of the Risk Checklist a victim may be assessed as being at 'Standard', 'Medium' or 'High' risk of serious harm. Those cases assessed as 'High' risk should be referred to a MARAC; the **'High Risk' assessment is determined in the following ways:**

- **'Visible High Risk':** The number of 'ticks' on the DASH Checklist. If you have ticked **16** or more 'yes' boxes the case would meet the MARAC referral criteria.
- **Professional Judgement:** If the outcome of the DASH is less than 16 ticks on the basis of visible risk, a practitioner can refer the case to MARAC on the grounds of professional judgement where they deem it appropriate. This may be in cases where the circumstances of the case suggest areas for serious concern or where the victim's perception of their own risk is high. On an exceptional basis, a referral on the grounds of professional judgement can be made without a DASH being completed, if it has been unsafe to do so.
- **Potential Escalation:** If the outcome of the DASH is less than 16 ticks on the basis of visible risk, but the answers to questions 13 & 14 indicate an escalation in frequency or severity of abuse, the case can be referred on the grounds of potential escalation. This option can also

apply if there have been **3 or more** police callouts to the victim as a result of domestic abuse / disclosures of domestic abuse in the past 12 months.

See the Practitioners guide to the MARAC for detail on how to make a MARAC referral. For more information, contact CommunitySafetyTeam@southglos.gov.uk / 01454 868751.

4.1.4 Revealing the results of the risk checklist to the victim

Telling someone that they are at high risk of serious harm or homicide may be frightening and overwhelming for them to hear. It is important that you state what your concerns are by using the answers they gave you and your professional judgement and reinforce this with how you intend to manage their risk, ensuring to ask them for their views on this. If you intend to refer the case to MARAC, the 'MARAC guide' leaflet can be requested from CommunitySafetyTeam@southglos.gov.uk / 01454 868751, which will assist in explaining the MARAC process to the victim.

Equally, identifying that someone is not currently high risk need to be managed carefully to ensure that the person doesn't feel that their situation is being minimised and that they don't feel embarrassed asking for help. Explain that these factors are linked to homicide and serious harm and that if s/he experiences any of them in the future, that they should get back in touch with your service or with the emergency services on 999 in an immediate crisis.

4.1.5 Identifying risks to Children with the DASH Risk Assessment Checklist

The DASH checklist will provide valuable information about the risks that children are living with but it is not a full risk assessment for children. The presence of children increases the wider risks of domestic abuse and research suggests that step children are particularly at risk. If additional risk towards children is highlighted you should consider making a referral to First Point⁷.

However, it is recognised that children and young people who live in households where domestic violence/abuse is present is in itself categorised as serious harm in the Children and Adoption Act 2004. Therefore **if a referral is made to MARAC, best practice guidance is that a referral to First Point⁷ should also be made.**

Practitioners are advised to refer to the South Gloucestershire Safeguarding Children's Board Threshold Guidance and Matrix document⁸ (For details see contents page for links). Furthermore, Section 3.1.5 of this document outlines how MARAC overlaps with safeguarding children processes.

4.1.6 Identifying risks to Vulnerable Adults with the DASH Risk Assessment Checklist

The DASH checklist will provide valuable information about the risks that vulnerable adults are living with but it is not a full risk assessment for vulnerable adults. The presence of vulnerable adults increases the wider risks of domestic abuse and therefore if additional risk towards vulnerable adults is highlighted you should consider what referral you need to make to obtain a full assessment of the situation.

Practitioners are advised to refer to the South Gloucestershire Safeguarding Adults' Board Policy and Procedures.⁹

⁷ Contact to First Point can be made via email: FirstPoint@southglos.gov.uk or telephone: 01454 866000.

⁸ South Gloucestershire Council Safeguarding Children Threshold guidance and Matrix can be found [here](#).

⁹ South Gloucestershire Safeguarding Adults' Board Policy and Procedures can be found [here](#).

4.2 Responding to the DASH Risk Assessment

The DASH risk assessment will provide you with 3 possible outcomes of risk:

STANDARD

No significant current indicators of risk of SERIOUS HARM.

MEDIUM

There are identifiable indicators of risk of SERIOUS HARM. Perpetrator likely to cause SERIOUS HARM if change in circumstances i.e. failure to take medication, relationship breakdown, substance misuse, if bailed, after court appearance etc).

HIGH

There are identifiable indicators of risk of SERIOUS HARM. The potential event could happen at any time and the impact would be serious.

The result of the DASH risk assessment should inform your response to manage the risk appropriately.

Table 1: Action recommended for risk outcome

Risk Assessment Outcome	Action to Take
<p>Standard Risk <i>Current evidence does not indicate likelihood of causing serious harm.</i></p>	<p>Provide the victim with contact details for specialist support agencies (see the South Gloucestershire Directory of Domestic Abuse Services).</p> <p>Advise about calling the police in an emergency on 999 or to report non urgent/historic incident on 101.</p> <p>Consider the needs of any Children in the household – do you need to complete a CAF or refer to Children’s Social Care? ¹⁰</p> <p>Are there any vulnerable adults involved? Do you need to make a Safeguarding referral? ¹¹</p> <p>Seek consent from the individual to discuss their case with other professionals</p> <p>Consider other agencies, which may be a source of support e.g. health professional or substance misuse services and advise victim on how to make contact with them.</p> <p>If appropriate ensure the victim knows how to contact you</p> <p>Advise about Safety Planning (See section 4.3)</p> <p>Monitor the case</p>

Risk Assessment Outcome	Action to Take
<p>Medium Risk <i>There are identifiable indicators of risk of serious harm. The perpetrator has the potential to cause serious harm but is unlikely to do so unless there is a change in circumstances, for example, failure to take medication, loss of accommodation, relationship breakdown, drug or alcohol misuse.</i></p>	<p>AS ABOVE (in line with standard risk actions) plus:</p> <p>Notify the Police Northern Safeguarding Coordination Unit (SCU) who will consider a 'Treat as Urgent' (TAU) marker to be applied to the address or phone number: Call the police on 101 and ask for the Northern SCU.</p> <p>Seek consent from the individual to discuss their case with other professionals</p> <p>If you have the resources within your agency, consider target hardening the victim's property (if they are a social housing tenant, advise them to speak to their housing officer in order to action this)</p>
<p>High Risk <i>There are identifiable indicators of risk of serious harm. The potential event could happen at any time and the impact would be serious.</i> <i>Risk of serious harm (Home Office 2002 and OASys 2006):</i> <i>'A risk which is life threatening and/or traumatic, and from which recovery, whether physical or psychological, can be expected to be difficult or impossible'.</i></p>	<p>AS ABOVE (in line with standard and medium), plus:</p> <p>Follow practitioners guide to the MARAC and refer to a MARAC panel and attend to present your case.¹²</p> <p>Consider if a referral to the Police Bobby Van to target harden the property is appropriate, if so, contact the Police SCU on 101.</p> <p>Refer to an Independent Domestic Violence Advisor (IDVA), by contacting Survive: 0117 9612999</p> <p>As the case has been assessed as high risk, you no longer require victim consent to discuss the case with other professionals or make onward referrals</p> <p>Take any actions available to your agency to protect high risk victims and monitor the case.</p>

It is important to remember that risk identification and assessment is not a predictive process and there is no existing accurate procedure to calculate or foresee which cases will result in homicide or further assault and harm. Rather identification and risk assessment is based on structured professional judgement and is therefore not fool proof.

4.3 Guidance on Safety Planning

When working with people who are experiencing domestic abuse it is important to provide options for them and support them to make their own decisions (the exception may arise when agencies, such as the police or social care, take a statutory decision when exercising their power to protect children or under the Mental Capacity Act).

Practitioners often believe that the best course of action is for a victim to leave, it is therefore key that practitioners be aware that separation is understood to be a significant risk factor in domestic abuse so it needs to be managed carefully.

It is important to offer advice on how people can keep themselves safe within their current household and also what to consider if they do decide to leave.

If a victim has made the decision to leave the abusive relationship, or is considering this option, it is important that you recognise that the victim may have been thinking of this for some time, and that their decision will not be easy. They may wish to plan how they will go about leaving, but not go through with this immediately. It is therefore important that the victim is aware of the things they should consider during the planning process.

Table 2: Safety planning if a victim plans to leave

REMEMBER THE RISK WILL INCREASE
Plan to leave when the perpetrator/abuser will not be around: consider when they are at work, out shopping etc.
Money: ensure they have enough money put away in case they need a taxi, bus, train fare quickly. Ensure they have your cheque, savings and giro books, credit cards, current and unpaid bills.
Child Benefit / Other Benefit Books: these will have their National Insurance Number, which they will need to make a claim for future benefits.
Passport: make sure they take their children's passports if they have them.
Other Legal, Financial Papers: for example, medical, marriage and birth certificates, rent books, mortgage details.
Keys: have an extra set of house, car and office keys made and keep them somewhere safe – can they leave these with a friend or relative?
Emergency Addresses and Contact Numbers: school, GP, solicitor, Domestic Violence Agencies (small purse-sized directory available), ensure that they are always with them.
Medicine and Baby Provisions: prescriptions, glasses, medications, nappies, baby milk, food etc.
Clothes: take the essential items and extra clothes for the children
Children's Toys: sometimes it is difficult to carry much but their children may be confused and upset by what is happening and a special toy or comforter can help settle them
Personal Items: photographs, diary, jewellery, small items of sentimental value
<i>They may need to leave some items with a friend or relative so they can escape quickly. In an emergency it is always better to leave something or everything behind than put themselves and their children's safety at risk.</i>
Consider: Where are they going? How will they get there? Do they need police support?

Once the victim has left the abusive relationship, they may not wish to inform anyone why they have left. If however, they are still at risk, it may be advisable to encourage them to confide in a friend or family member, employer, colleague and even their children's school.

If this victim is still living or staying within the same area, they may need to consider the following options to increase their safety:

- Encourage them not to place themselves in a vulnerable position, or isolate themselves
- Encourage them to avoid any places, such as shops, banks, cafes, that they would have previously gone to during their relationship
- Encourage them to alter their routine as much as possible.
- Encourage them to try to change any regular appointments they may have that the perpetrator may be aware of.
- Encourage the victim to take a safer route, or to alter their route and take a different form of transport when approaching or leaving places they cannot avoid.
- Encourage the victim to inform their children's school, nursery or child-minder what has happened, and let them know who will be collecting the children, and that they are informed not to release the children into anyone else's care.
- Provide advice on online activity, phone usage and the need for any possible postal changes.

4.3.1 Safety Planning if the Victim decides to stay in the abusive household

The victim may not be ready to leave the abusive relationship. It is important to remember that this does not mean that they are not frightened, but they are simply not ready to break free of the control or perhaps they see the risk as being too great.

As the victim will be returning to the abusive household, it is important to ensure that safety measures are put in place to ensure the victim can keep themselves and their children safe.

The below table provides some examples of what you may discuss with the victim to ensure their safety. Your agency may also have other measures that can be put into place to increase safety.

Table 3: Safety planning if the victim decides to stay in the abusive household:

<p>Access to Emotional / Practical Support: Identify / confirm friends who are safe to confide in Identify professional who can help / support e.g. GP Identify others she/he can safely tell Set up emergency code word with relevant people Provide information on emergency help lines/Support agencies</p>
<p>Safety in the home (living with or without the perpetrator): E.g. call 999 in an emergency Is there a TAU Marker? If not, speak to the police to see if this is an option (call 101) Would a referral to the Bobby Van be appropriate? Discuss with police on 101. Identify dangerous areas of the house e.g. where there are weapons Skyguard alarm (call police on 101) Safe use of computers, covering your tracks Emergency mobile phone (different to usual and fully charged) Useful phone numbers stored fictitiously Spare set of keys Safe room / bolt hole Injunctions Liaison with Police (Call 101) Are there bail conditions? Are breaches happening? Are these being reported? Are professionals aware of bail conditions?</p>
<p>Crisis Plan / Emergency Accommodations Plan: (Things to prioritise taking with you if you leave) Safe place (friends / family) Documents e.g. passport, birth certificates, drivers licence Access to money Supply of clothes / toiletries Spare set of keys Transport Important (prescription) medication and glasses Children's favourite toy</p>
<p>Children's Safety: Contact arrangements Risk of 'abduction' Help for children's wellbeing – other key support people Inform key professionals e.g. social care, school, nursery, health visitor</p>
<p>Keeping Safe at Work and in Public Places: Informing employer / college Changing routines (journeys / shops)</p>
<p>Privacy and Changing Identity: Options to change name Options to change identity (police)</p>
<p>Agreement for on-going contact with agency: Safe contact arrangements Code words</p>
<p>Referral to other agencies: (specify) (Consent to share information confirmed with signature) Consider advice on seeking support through a solicitor for injunction and restraining orders</p>

4.3.2 Safety Planning and supporting Children and Young People

If you are working with children and young people, you may need to adopt a different approach. The following points are important to note:

- Find safe and confidential ways of asking children what is really wrong if they are concerned
- Recognise violence at home as one of the common reasons for problems – in children's eyes
- Give them a chance to talk & believe what they say
- Know what help is available for them and the non-abusing parent
- Ensuring the safety of the non-abusing parent is the most effective way to protect the child
- Validate the experience
- Use appropriate language
- Do not underestimate the value of listening
- Be straight and clear

In asking a child about their home life it gives the child the chance to:

- Obtain permission to talk about what has happened at home;
- Ventilate their pent up feelings about the violence and its effect on their family
- Receive assurance that it was not their fault
- Rebuild their self esteem
- Develop safety plans for the future

It is important that the child or young person recognises that a Safety Plan can be useful in an emergency. Encourage them to write key information out and keep it safe so you they can access it when they need to:

- Their Name and age (and names and ages of brothers and sisters)
- Their address
- Their phone number
- The name of someone they trust to talk to about their worries and their phone number and address
- Other numbers that are helpful in an emergency:
 - Safe places to go if there are arguments at home
 - Local police station details
 - Call 999 for emergency
 - Helpline numbers
 - Childline/NSPCC/Runaway Helpline: 0808 8007070
 - Free phone 24 Hour National Domestic Violence Helpline (run in partnership between Women's Aid and Refuge) - 0808 2000 247
 - HomeChoice Duty Team: 01454 865496, Emergency Duty Team (Out of hours only) 01454 615165.

4.3.3 Record Keeping

It is very important that you keep accurate records of your involvement. Your agency may have its own record keeping procedures, but the following provides some information on the key pieces of information to record:

- Names – who you are concerned about and other relevant parties (perpetrator, children).
- Dates of birth

- Addresses
- Contact details – are these safe?
- Summary of what has happened –distinguish between fact, allegation and victim opinion
- Description of what you have seen – injuries, disruption in the home, damage to property
- What does the person want?
- Dates and times
- Who else have you spoken to? What was said? What was agreed?
- What actions are you going to take or have you already taken?
- Who are you referring to?
- Have you got consent from the person to refer on – if not, what is your legal basis to share information?
- Is the person aware of what you are asking?
- What is your professional judgement
- Anything else that you consider to be important
- Outcome of DASH risk assessment and action taken

Remember: it is important that you retain such records in a secure file marked as confidential. You will also need to ensure all relevant colleagues are aware of where the records are kept in the event that they will need to pick up on the case in your absence.

5. Key Contacts

South Gloucestershire Council Community Safety Team:

For information on the partnership including:

- The Practitioners Guide to the MARAC
- MARAC referral forms and information
- South Gloucestershire Domestic Abuse Directory of Services
- DASH Risk assessment

Contact:

Tel: 01454 868751

Email: communitysafetyteam@southglos.gov.uk

Website: www.southglos.gov.uk

Police Northern Safeguarding Coordination Unit:

Contact:

Tel: 101

Website: www.avonandsomerset.police.uk

TSafeguarding:

Children and Young People (First Point): 01454 866000

Safeguarding adults: 01454 868007

Survive:

Specialist domestic abuse service for women and children in South Gloucestershire

Contact:

Tel: 0117 961 2999

Website: www.survivedv.org.uk

Next Link

Specialist domestic abuse service for women and children in South Gloucestershire and Bristol

Contact: 0117 925 0680

Website: www.nextlinkhousing.org.uk

Housing:

South Gloucestershire Council HomeChoice: 01454 865496

Emergency duty team (out of hours): 01454 615165

Email: homelessness@southglos.gov.uk

Website: <https://homechoice.southglos.gov.uk/>

Shelterline: 0808 800 4444

Merlin Housing Society: 01454 821100

MALE:

National Men's advice line: 0808 8010 327

National 24 Hour Domestic Abuse Helpline: 0808 2000 247

Website: www.womensaid.org.uk

www.refuge.org.uk

Broken Rainbow (LGBT Specialist service): 0845 260 44 60

Website: www.broken-rainbow.org.uk

Victim Support: 0845 45 66 099

For further contact details of agencies, please see The South Gloucestershire Directory of Domestic Abuse Services.