WIRRAL

DOMESTIC ABUSE

MULTI AGENCY RISK ASSESSMENT CONFERENCE.

(MARAC)

OPERATING PROTOCOL

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SAFER WIRRAL

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DOMESTIC ABUSE
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OPERATING PROTOCOL

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1. Introduction

The purpose of the MARAC Operating Protocol is as follows:

- To establish accountability;
- To determine responsibility and reporting structures for MARAC;
- To outline the process for the MARAC

This protocol applies from on 01 June 2010 and will be reviewed in June 2011. It is intended to support existing policies and procedures regarding multi agency working within the domestic abuse arena.

A MARAC is a multi agency meeting which has the safety of high risk victims of domestic abuse at its focus. It involves the participation of all the key statutory and voluntary agencies who may be involved in supporting a person experiencing domestic abuse.

In Wirral this is most frequently the Independent Domestic Violence Advocate (IDVA) based within the Family Safety Unit. The IDVA is a specialist advisor who has received accredited training to work with high risk victims of domestic abuse from the point of crisis and whose focus is very much on the MARAC.

The principals of this protocol will be applied fairly, regardless of gender, disability, nationality, race or ethnic origin, age religion and sexual orientation.

2. MARAC AIMS & OBJECTIVES

The MARAC will facilitate, monitor and evaluate effective information sharing between multi-agency partners, to enable appropriate intervention actions to be taken to safeguard “high risk” survivors of domestic violence, and their immediate family members.

The MARAC will identify “high risk” victims/survivors of domestic violence, and will offer professional support and guidance, which will reduce the threat of further harm and repeated domestic violence to the victim/survivor and their immediate family members.

The MARAC will utilise advocacy and support services within Wirral to support the survivor, to attempt to reduce the level of risk to the survivor, so that they remain safe, and out of further perceived harm.

The MARAC will identify where possible, whether the perpetrator poses a real and significant threat and risk of further harm to particular individuals, and to the community.

Neither the survivor nor the perpetrator will attend MARAC meetings. The agreed lead agency representative will inform the survivor regarding the MARAC meeting recommendations.

3. Partner Agencies

The specific agency strategic leads for domestic abuse and MARAC are as follows:

Claire Chudleigh, Merseyside Probation Trust
Jane Sharpe, Wirral Partnership Homes
Lisa Cooper, NHS Wirral
Jane Wilshaw, Wirral University Teaching Hospital Foundation Trust
Ngaire Waine, Merseyside Police
Phil Spilstead, Cheshire and Wirral Partnership NHS Foundation Trust (including mental Health, Drug and Alcohol services, CAMHS and Learning Disabilities)
Caroline McKenna, Wirral Council –Children & Young Peoples Dept
Maura Noone, Wirral Council - Adult Social Care
Caroline Laing Wirral Council, Anti Social Behaviour Team
Steve McGilvray, Wirral Council - Family Safety Unit
Mike Clarke, Wirral Council - Education Social Welfare Service
Catherine Green, Wirral Council - Housing Options and Wirral Homes
Catherine Kerr, Wirral Council – Children's Centres
Valerie Sanders, Wirral Women and Children's Aid
Jo Wood, Wirral Rape & Sexual Abuse Advisory Service
Mark Woodbridge, Wirral Family Intervention Project

The above list is not exhaustive. Consideration will also be given to requesting additional professional support from other specialist Agencies, as appropriate to MARAC needs i.e. YOT, Benefits & Pensions, BME specialist Agencies, Disabilities Agencies and any Advisory and Voluntary Service which will benefit the effectiveness of the MARAC.

MARAC representatives need to be of an appropriate level of seniority so that they can commit to actions on behalf of their agency, which in certain circumstances will involve the use of resources. It is recognised as best practice for agencies to have a named alternative representative. Consistency of attendance will reinforce the practical working relationships within MARAC.

4. Governance and Performance Management

The following outlines the Governance and Performance Management framework and objectives of the MARAC:

The Community Safety Partnership Executive Group will:

- Monitor and evaluate the data from the MARAC;
- Ensure effective administration of the MARAC by the Wirral FSU.
- Ensure that effective partnerships are maintained with other public protection bodies and other MARAC areas;
- Monitor and regularly assess the overall performance of the MARAC and ensure it operates within the 10 Principles of an Effective MARAC. (A copy is enclosed at Appendix A of this protocol).
- Address and resolve blockages to the effective operation of the MARAC. Where this is not possible the Executive Group will forward the issue to the full CSP for resolution;
- Oversee efforts to raise awareness with local practitioners about the MARAC;
- Communicate to the public, stakeholders and to government about the successes of the MARAC;
- Ensure that the MARAC operates in line with legal responsibilities and keeps up to date with changes to legislation and national guidance

- Ensure the effective maintenance and operation of the IAMF system crucial to the effective operation of the MARAC.
- Conduct and /or participate in reviews following a homicide where appropriate.
- The Community Safety Partnership Executive Group meets monthly

5. PROCESSES OF THE MARAC

(I) Risk Assessment Guide

In order for the MARAC to work effectively there needs to be a common risk assessment tool for all MARAC members. Wirral have adopted the CAADA-DASH Risk Identification Checklist. A copy is enclosed in Annexe B of this protocol.

It is however acknowledged that Merseyside Police use a separate risk assessment tool called MERIT[1]. All police referrals to the FSU are completed by a dedicated member of staff within the Family Crime Investigation Unit who ensures that all data from the MERIT is transferred onto the CAADA DASH at the point of referral.

CAADA (Co-ordinated Action against Domestic Abuse) is the HM Government Home Office lead agency for the MARAC. In partnership with several other agencies including ACPO and CAFCASS they have developed the DASH Risk Identification Checklist (RIC) to assist in identifying high risk cases of Domestic Abuse, Stalking and Honour Based Violence.

For more details please go to www.caada.org.uk

The use of the RIC by MARAC agencies will:

- Assist front line practitioners to identify high risk cases of domestic abuse, stalking and honour based violence.
- Identify which cases should be referred to MARAC
- Enable agencies to make defensible decisions based on the evidence from extensive research of cases, including domestic

[1] Merseyside Evaluated Risk Identification Tool,

homicides and "near misses" which underpins most recognised models of risk assessment

The RIC will give valuable information about the risks that children are living with but it is not a full risk assessment for children. If any professional considers that there may be immediate risks to any child or adult they must use their existing safeguarding protocols or contact the Wirral Central Advice and Duty Team for further advice and guidance.

A referral to the Family Safety Unit is not to be considered as the appropriate or safe way to share information or manage immediate risk of harm to any adult or child.

(ii) MARAC Referral Criteria.

For the purposes of the Wirral MARAC the definition of domestic abuse is as defined by ACPAS. [2] :

"Any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults, aged 18 and over, who are or have been intimate partners or family members, regardless of gender and sexuality."

(Family members are defined as mother, father, son, daughter, brother, sister and grandparents, whether directly related, in-laws or step-family.)

Additionally both the client and the perpetrator must be aged 18 years or over to meet the MARAC referral threshold. It is regarded as best practice to obtain the consent of the client before a referral to the FSU/MARAC is made however this approach is not always safe or possible. There is legislation in place to allow information sharing without consent. Each agency representative should seek advice and guidance from their respective managers or safeguarding team if they any concerns about sharing information without consent. A copy of Information sharing without consent form is enclosed in Appendix C of this protocol.

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[2] The assessment of policing and community safety (APACS) framework is a performance measurement framework. It was introduced in April 2008 as assessments of policing and community safety but was subsequently renamed to reflect changes outlined in the policing green paper. It applies to all police forces in England and Wales, covering key services delivered by the police working on their own or in partnership with others. APACS includes the technical definitions and guidance to support delivery of the National Indicators.

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Agencies are reminded that as soon as a referral in entered onto the IAMF this is effectively sharing the information. If there is no consent to share and no written evidence to show the consent has been overruled, this may be a breach of confidentiality and the referral will not be accepted by the Family Safety Unit.

Referral to the MARAC is based on a comprehensive assessment of the perceived risk of further harm to a survivor of domestic violence. The referral criteria are as recommended by CAADA:

- **Visible High Risk**: This is the number of positive indicators on the RIC. Using the CAADA recommendation this is cases where there are 14 or more positive ticks.

- **Potential Escalation:** One of the ways to identify escalation is the number of police calls to the client in the previous 12 months. This is used to identify cases where there may not be the 14 positive indicators on the RIC but the number of police call outs suggests that the abuse is escalating. In accordance with the CAADA recommendation, this threshold will be set at 3 calls however this will be reviewed regularly to ensure it is commensurate with local trends. The Family Safety Unit will further assess the escalation and frequency of abuse using the abuse grid guidance.

Repeat MARAC Referral[3]: If a case involving the same client and perp are referred into the Family Safety Unit and they were reviewed at MARAC in the preceding 12 months they will be referred back into the MARAC process assuming that the incident involved one of the following criminal behaviours :

a) Violence or threat of violence: and/or
b) Where there is a pattern of stalking or harassment (the repeated following or communication with or other intrusions on the privacy of the client) ; and/or
c) Rape or sexual abuse is disclosed.

- **Professional Judgement:** If a case does not meet any of the above criteria however the professional involved in the referral considers that there are serious concerns about a clients safety

[3] Tackling domestic violence is a major priority for the Home Office, and is included as key parts of PSA 23 (priority action 1) reduce the most serious violence, including tackling serious sexual offences and **domestic violence**. The tackling of domestic violence is most directly represented in the National Indicator Set for Local Authorities and Local Authority Partnerships by NI32

they should refer the case to MARAC. This can also be based on the clients own perception of their risk. This may feature more in case where there are cultural barriers to disclosure, honour based violence cases and extreme fear by the client. The rationale for any referral using this criterion must be recorded by the professional on the referral form.

(iii)MARAC Referral Process

All potential MARAC referrals are coordinated by the Family Safety Unit. Each agency will complete the FSU referral form and risk assessment with the client and then forward it to their agency MARAC single point of contact. A copy if this referral from is enclosed at Appendix D of this protocol.

The agency single points of contact are responsible for ensuring their agency referrals are inputted onto the Inter Agency Monitoring Form (IAMF).[4] A flow-chart diagram is enclosed at Appendix E to this protocol to identify the practical workings of the MARAC and Family Safety Unit referral process.

All referrals must be received by the Family Safety Unit by the Friday before the MARAC meeting.

(iv) MARAC Caselist and Agenda

The meeting Agenda, case list and supporting information are available to all nominated representatives via the IAMF. Each representative is responsible for the safety of all documents printed from the IAMF.

(v) Actions before a MARAC

The use of the IAMF provides agencies with up to date information sharing ahead of the MARAC meeting. All MARAC agencies have a responsibility to ensure all relevant information regarding all new referrals is inputted as soon as the case is referred and prior to the MARAC meeting. This process allows agencies to identify risk more quickly and implement safety plans in a more timely way.

[4] Internet Based Information Sharing and case file system. All MARAC members must be part of the agreed IAMF protocol. For further information please contact the FSU Manager or MARAC co-ordinator,

Once a case has been received by the Family Safety Unit, it will be assessed to see whether it meets the threshold of IDVA support. If a case is risk assessed as HIGH or MEDIUM an IDVA will be allocated to manage the case.

The IDVA will seek to make contact with the professional referring the case as well as try to contact the client if it is safe to do so. The client should have been made aware that the case is being reviewed at MARAC by the referring agency or the IDVA. This process is recorded within the MARAC minutes.

All referrals assessed as MEDIUM or HIGH will be routinely checked by the Police Officer and CYPD Safeguarding Advisor in the FSU. All relevant information will be recorded on the IAMF and is accessible by all MARAC partners. Any information which is considered to present a higher level of risk to the client or their immediate family will be brought to the attention of the FSU Manager and MARAC representative from the referring agency to ensure that all immediate safeguarding measures are implemented ahead of the MARAC meeting These measures could include Target Hardening, Civil & Family Court Emergency Applications, Refuge or safe house placement. If the risk cannot be reduced using the range of safety measures available consideration should be given to calling a Fast Task Meeting.[5]

(vi).Information Sharing

The Information sharing protocol is signed and is up to date. The data controllers for each agency shall be the MARAC representatives.

(vii) The MARAC Meeting

When working with client and perpetrators and other members of the public, all agencies have agreed boundaries of confidentiality. MARAC meetings will respect these boundaries which are documented within the Wirral MARAC Confidentiality Statement. A copy of this is enclosed at Annexe F of this protocol.

The MARAC will meet on the second and fourth Wednesday of the month, starting at 0930 hrs. Due to high number of MARAC referrals all representatives should allow at least three hours in their diaries to attend.

[5] As Item 5(xi) within this protocol.

The role of Chair is shared between:

- Wirral Family Crime Investigation Unit - Detective Inspector
- Wirral NHS Foundation Trust -Clinical Domestic Abuse Co-ordinator
- Wirral Family Safety Unit – Manager

(viii) Minutes and Administration

The Chairperson will be supported by the MARAC Co-ordinator who will act as minute taker at the meeting.

At the start of the meeting a confidentiality agreement statement will be read, reminding all attendees of the confidentiality protocols in place regarding shared information that is about to be disclosed. All attendees will sign the statement as part of the attendance recording process.

A record of each meeting, including attendance sheet, minutes and actions will be retained by the MARAC Co-ordinator for record and accountability purposes. Approved and finalised minutes will be made available for correct and appropriate use, including business assessment and review by appropriate multi-agency authorities and HM Government agencies.

(ix) Action Planning

A tailored action plan will be developed at the MARAC to increase the safety of the client, children and other vulnerable parties' incl any staff. The following types of actions will be agreed:

- Flagging and tagging of files
- Referral to other appropriate agencies
- Prioritising of agencies' resources to the MARAC cases.

All actions are to be completed as soon as possible after the meeting. A list of all actions is recorded within the minutes and will be reviewed as an agenda item at the next MARAC meeting. Actions are also posted on the clients' case file on the IAMF. Once the action has been completed the agency responsible shall update the IAMF stating when the action was completed.

(x) Transfer to other MARAC

Where it is known that the survivor is no longer living in Wirral and the risk is still assessed as HIGH it is the role of the Chair to ensure that the case is transferred to the MARAC or IDVA service where the survivor has relocated. The survivor should be informed of the referral where possible.
It is the role of the lead advocate for the client to make the referral. Any such referral will be recorded as an action in the minutes and updated at the next MARAC meeting. Any information shared must be accurate and proportionate to the risk.

Transfer from another MARAC

Referrals from an outside MARAC will be made to the Family Safety Unit using the same pathway as detailed within this protocol. The FSU Manager will review the referral and in the unlikely event that the case does not meet the MARAC threshold, a discussion between the FSU and the referring agency will take place to allow an appropriate safety plan to be implemented to meet the risks identified.

(xi)Fast Task Meeting – (Emergency MARAC)

A Fast Task meeting is an exceptional event, and is only called when a survivor is assessed as being at a "Very High Risk" level, and the risk of harm is so imminent that statutory agencies have a duty of care to act at once, rather than wait for the next MARAC meeting. Any professional from any MARAC agency can call a Fast Task Meeting.

The process for calling the meeting is as follows:

- The representative from the lead agency who has identified that risk should ring all relevant statutory agencies and make them fully aware of the situation and arrange a date, time and venue for the meeting.
- A representative from that agency MUST attend the meeting to ensure all relevant information is shared.
- Urgent actions must be completed immediately to safeguard the client and immediate family if applicable.
- The meeting must be minuted and copies circulated to all MARAC representatives within a reasonable time.
- The details of the meeting will then be discussed at the next MARAC meeting.

(xii) Case Closure

Once a case has been reviewed at the MARAC it shall be left open if there are any actions allocated to any professionals. This will be recorded within the minutes and reviewed at the following MARAC meeting. Once all actions have been identified as completed, the Chair shall propose that the case is closed to the MARAC. Any objections to the closure of a case shall be managed by the Chair and recorded within the minutes.

If the client is not engaging with any agency or services, despite repeated and vigorous efforts to maintain contact with them, the Chairperson and agency representatives can agree to close the case, with an explanation for this decision recorded within the minutes and client case notes.

The meeting attendees must ensure that all possible supportive measures are considered and implemented where possible.

6. Evaluation of MARAC

MARAC data is collected quarterly by the JCST Performance Manager and submitted for review to both CAADA and the Community Safety Partnership Executive.

7. Equality

Additional advice and support can be accessed for cases identified as being from diverse communities through the following services.

The Joint Community Safety Team Performance Manager will:

- Collect information on the profile of the local population referred to the MARAC in order to monitor equality of outcome to all;
- Conduct an annual Equality Impact Needs Assessment in relation to the MARAC to identify the needs of the local population including age, disability, race, belief, sexual orientation, gender or gender identity.

8. Complaints

Complaints against another signatory agency should be submitted, in the first instance either verbally or in writing to the MARAC coordinator. Should this fail to resolve the issue, a further complaint, verbally or in writing, should be submitted to the MARAC Chair or the Community

Partnership Manager who will follow the complaint and discipline process laid down by the parent organisation of the department or agency against whom the complaint has been made.

Should the complaint be about a specific member of the MARAC, the initial complaint should be sent directly to the Strategic Lead for that agency.

9. Breaches

Any breach of this protocol may have a significant impact on the safety of a high risk client therefore it is important that all agencies familiarise themselves with all enclosed processes.

10. Withdrawal

The strategic lead for any agency who wishes to withdraw from this protocol must inform the Chair(s) of the MARAC in writing. The Chair will then forward this to the Community Safety Partnership Executive for their attention and discussion.

Withdrawal from this protocol will result in a withdrawal from the MARAC and access to the IAMF withdrawn.

In the event that any of the signatory agencies fail to attend the MARAC on three consecutive occasions, they will be denied access to the IAMF and the MARAC process.

11. Declaration of acceptance and participation in MARAC Meetings

An acceptance and participation signatory agreement stating that all the contents of this protocol have been agreed and accepted by all appointed MARAC participants.
By signing this agreement all signatories declare their commitment to the procedures set out within this document, and declare that they are fully aware of the process of information sharing, and will comply with all legal aspects relating to this protocol.

The agreed protocols are a live and on-going document, which will be reviewed and changed to meet the needs of the MARAC function. All changes are to be agreed and approved by all MARAC members prior to the changes taking place.

12. Review

This protocol will be reviewed annually by all MARAC partners within the framework of a MARAC AGM. The first review shall take place in June 2011. A new participation declaration will require a new signatory statement every time this document is changed and updated.

13. Signatories

Name	Agency	Signature
Clare Chudleigh	Merseyside Probation Trust	
Jane Sharpe	Wirral Partnership Homes	
Lisa Cooper	NHS Wirral	
Jane Wilshaw	Wirral NHS University Teaching Hospital Foundation Trust	
Ngaire Waine	Merseyside Police	
Phil Spilstead	Cheshire & Wirral Partnership NHS Foundation Trust	
Caroline McKenna	Wirral Council- Children & Young Peoples Dept	
Maura Noone	Wirral Council- Adult Social Care	
Caroline Laing	Wirral Council- Anti Social Behaviour Team	
Steve McGilvray	Wirral Council- Family Safety Unit	
Mike Clarke	Wirral Council- Education Social Welfare Service	
Catherine Green	Wirral Council- Housing Options & Wirral Homes	
Kathryn Lloyd	Wirral Council- Children’s Centres	
Valerie Sanders	Wirral Women & Children’s Aid	
Jo Wood	Wirral Rape & Sexual Abuse Advisory Service	
Mark Woodbridge	Wirral Family Intervention Project	

Appendix A: The 10 Principles for an Effective MARAC

Appendix A MARAC Principles

The MARAC Quality Assurance process is structured around the *10 Principles for an Effective MARAC*. At the core of each principle is the safety of the victim, which needs to be considered at all stages of the process from referral to information sharing, and from action planning to administration. Ensuring that the victim has a clear voice and is supported by the MARAC is crucial to achieving safety and reducing repeat victimisation.

1. **Identification**
All agencies have protocols and systems for identifying and referring high risk cases to MARAC in a timely way.

2. **Referral criteria**
The MARAC has clear and transparent referral criteria that include visible high risk, professional judgment and escalation.

3. **Representation**
The relevant statutory agencies, specialist domestic violence services and voluntary and community organizations are appropriately represented at MARAC.

4. **Engagement with the victim**
The victim is at the centre of the process. An effective advocate, most commonly the IDVA, is identified to represent and support the victim within the MARAC process.

5. **Research and information Sharing**
All agencies research their files and information systems and bring relevant, proportionate and up-to-date information which is shared and stored in accordance with legislation by all attendees who hold information on each case discussed.

6. **Action planning**
Comprehensive, SMART action plans are developed which address the risks identified at the meeting.

7. **Volume**
The volume of cases referred to the MARAC should be commensurate with your local population.

8. **Administration**
The administration of the MARAC promotes safety, efficiency and accountability.

9. **Strategy and governance**
The MARAC process is embedded in key local partnerships to promote sustainability.

10. **Equality**
The MARAC demonstrates that it is a process which is structured to deliver equality of outcome to all.

Appendix B

CAADA-DASH Risk Identification Checklist (RIC)

Aim of the form:

- To help front line practitioners identify high risk cases of domestic abuse, stalking and 'honour'-based violence.
- To decide which cases should be referred to MARAC and what other support might be required. A completed form becomes an active record that can be referred to in future for case management.
- To offer a common tool to agencies that are part of the MARAC[6] process and provide a shared understanding of risk in relation to domestic abuse, stalking and 'honour'-based violence.
- To enable agencies to make defensible decisions based on the evidence from extensive research of cases, including domestic homicides and 'near misses', which underpins most recognised models of risk assessment.

How to use the form:

Before completing the form for the first time we recommend that you read the full practice guidance and Frequently Asked Questions and Answers[7]. These can be downloaded from www.caada.org.uk/marac.html

Risk is dynamic and can change very quickly. It is good practice to review the checklist after a new incident.

Recommended Referral Criteria to MARAC

1. **Professional judgement:** if a professional has serious concerns about a victim's situation, they should refer the case to MARAC. There will be occasions where the particular context of a case gives rise to serious concerns even if the victim has been unable to disclose the information that might highlight their risk more clearly. ***This could reflect extreme levels of fear, cultural barriers to disclosure, immigration issues or language barriers particularly in cases of 'honour'-based violence.*** This judgement would be based on the professional's experience and/or the victim's perception of their risk even if they do not meet criteria 2 and/or 3 below.
2. **'Visible High Risk':** the number of 'ticks' on this checklist. If you have ticked 14 or more 'yes' boxes the case would normally meet the MARAC referral criteria.
3. **Potential Escalation:** the number of police callouts to the victim as a result of domestic violence in the past 12 months. This criterion can be used to identify cases where there is not a positive identification of a majority of the risk factors on the list, but where abuse appears to be escalating and where it is appropriate to assess the situation more fully by sharing information at MARAC. It is common practice to start with 3 or more police callouts in a 12 month period but this will need to be reviewed depending on your local volume and your level of police reporting.

Please pay particular attention to a practitioner's professional judgement in all cases. The results from a checklist are not a definitive assessment of risk. They should provide you with

a structure to inform your judgement and act as prompts to further questioning, analysis and risk management whether via a MARAC or in another way.

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

What this form is not:

This form will provide valuable information about the risks that children are living with but it is not a full risk assessment for children. The presence of children increases the wider risks of domestic violence and step children are particularly at risk. If risk towards children is highlighted you should consider what referral you need to make to obtain a full assessment of the children's situation.

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Please explain that the purpose of asking these questions is for the safety and protection of the individual concerned. Tick the box if the factor is present ☑. Please use the comment box at the end of the form to expand on any answer. It is assumed that your main source of information is the victim. If this is not the case please indicate in the right hand column	Yes (tick)	No	Don't Know	State source of info if not the victim e.g. police officer
1. Has the current incident resulted in injury? (Please state what and whether this is the first injury.)	☐	☐	☐	
2. Are you very frightened? Comment:	☐	☐	☐	
3. What are you afraid of? Is it further injury or violence? (Please give an indication of what you think (name of abuser(s)...) might do and to whom, including children). Comment:	☐	☐	☐	
4. Do you feel isolated from family/friends i.e. does (name of abuser(s) ....) try to stop you from seeing friends/family/doctor or others? Comment:	☐	☐	☐	
5. Are you feeling depressed? Are you having suicidal thoughts?	☐ ☐	☐ ☐	☐ ☐	
6. Have you separated or tried to separate from (name of abuser(s)….) within the past year?	☐	☐	☐	

7. Is there conflict over child contact? Give details:	☐	☐	☐	
8. Does (……) constantly text, call, contact, follow, stalk or harass you? (i.e.- consider Facebook etc) (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.) Give details:	☐	☐	☐	
9. Are you pregnant? Have you had a baby in the last 18 months?	☐ ☐	☐ ☐	☐ ☐	
10. Is the abuse happening more often?	☐	☐	☐	
11. Is the abuse getting worse?	☐	☐	☐	
12. Does (……) try to control everything you do and/or are they excessively jealous? (In terms of relationships, who you see, being 'policed at home', telling you what to wear for example. Consider 'honour'-based violence and specify behaviour.) Give details:	☐	☐	☐	
13. Has (……..) ever used weapons or objects to hurt you? Give details:	☐	☐	☐	
14. Has (……..) ever threatened to kill you or someone else? Do you believe them? You ☐ Children ☐ Other (please specify) ☐	☐ ☐	☐ ☐	☐ ☐	
15. Has (………) ever attempted to: strangle ☐ choke ☐ suffocate ☐ drown ☐ you?	☐	☐	☐	

16. Does (……..) do or say things of a sexual nature that make you feel bad? Have they sexually abused anyone else? (specify who)	☐ ☐	☐ ☐	☐ ☐	
17. Is there any other person who has threatened you or who you are afraid of? (If yes, please specify whom and why. Consider extended family if HBV.) Comments:	☐	☐	☐	
18. Do you know if (………..) has hurt anyone else? (Please specify whom including the children, siblings or elderly relatives. Consider HBV.) Children ☐ Another family member ☐ Someone from a previous relationship ☐ Other (please specify) ☐ Comments:	☐	☐	☐	
19. Has (……….) ever mistreated an animal or the family pet? Comments:	☐	☐	☐	
20. Are there any financial issues? For example, are you dependent on (…..) for money/have they recently lost their job/other financial issues? Comments:	☐	☐	☐	

21. Has (........) had problems in the past year with drugs (Prescription or other), alcohol or mental health leading to problems in leading a normal life? (If yes, please specify which and give relevant details if known.) Drugs ☐ Alcohol ☐ Mental Health ☐ Comments:	☐	☐	☐	
22. Has (......) ever threatened suicide? Has (......) ever attempted suicide?	☐ ☐	☐ ☐	☐ ☐	
23. Has (.........) ever broken bail/an injunction and/or formal agreement for when they can see you and/or the children? (You may wish to consider this in relation to an ex-partner of the perpetrator if relevant.) Bail conditions ☐ Non Molestation/Occupation Order ☐ Child Contact arrangements ☐ Forced Marriage Protection Order ☐ Other ☐ Comments:	☐	☐	☐	
24. Do you know if (........) has ever been in trouble with the police or has a criminal history? (If yes, please specify.) DV ☐ Sexual violence ☐ Other violence ☐ Other ☐ Comments:	☐	☐	☐	
Total 'yes' responses				

For consideration by professional: Is there any other relevant information (from victim or professional) which may increase risk levels? Consider victim's situation in relation to disability, substance misuse, mental health issues, cultural/language barriers, 'honour'- based systems and minimisation. Are they willing to engage with your service? Describe: Consider abuser's occupation/interests - could this give them unique access to weapons? Describe:
What are the victim's greatest priorities to address their safety?
Do you believe that there are reasonable grounds for referring this case to MARAC? Yes / No If yes, have you made a referral? Yes/No **Signed:** **Date:**

Do you believe that there are risks facing the children in the family? Yes / No If yes, please confirm if you have made a referral to safeguard the children: Yes / No Date referral made …………………………………………	
Signed: **Name:**	**Date:**

Practitioner's Notes

CAADA Recommended Severity of Abuse Grid for IDVA Services[8]

This grid has been developed to be used with the CAADA Recommended Risk Identification Checklist. It is designed to give you a framework within which to identify specific features of the abuse suffered by your client and help guide you both to addressing their safety in an informed and coherent way. It will also typically provide information that will be relevant for those cases going to MARAC.
To complete this take the answers from the relevant questions on the checklist and then explore in more detail the severity of each category of abuse currently suffered and the escalation if it exists. For guidance on identifying levels of severity please see below.

If you answer 'yes' to any of the questions 'is the abuse occurring' you must circle one answer for each of the boxes in the other three columns to identify the level of severity, the escalation in severity and in frequency.

Type of abuse	Is abuse occurring?	Severity of abuse	Escalation in severity (past 3 months)	Escalation in frequency (past 3 months)
Physical	Yes No Don't know Not answered	High Moderate Standard	Worse Unchanged Reduced	Worse Unchanged Reduced
Sexual	Yes No Don't know Not answered	High Moderate Standard	Worse Unchanged Reduced	Worse Unchanged Reduced
Stalking and harassment	Yes No Don't know Not answered	High Moderate Standard	Worse Unchanged Reduced	Worse Unchanged Reduced
Jealous and controlling behaviour/ emotional abuse	Yes No Don't know Not answered	High Moderate Standard	Worse Unchanged Reduced	Worse Unchanged Reduced

Practitioner's Notes

Guidance on Completing the Severity of Abuse Grid

Note: This guidance is designed to help you complete the Severity of Abuse Grid above. Please note that each case is unique and you will have to use your professional judgement in relation to the information that you are given by your client. **The context in which these and similar behaviours occur is all important in identifying a level of severity.** For example, the misuse of substances including alcohol may increase the level of risk faced by an individual. Similarly, the cultural context in which abuse takes place should inform your judgement as to the level of risk posed.

Physical abuse			
No	Standard	Moderate	High
Never, or not currently	Slapping, pushing; no injuries.	Slapping, pushing; lasting pain or mild, light bruising or shallow cuts.	Noticeable bruising, lacerations, pain, severe contusions, burns, broken bones, threats and attempts to kill partner, children, relatives or pets. Strangulation, holding under water or threat to use or use of weapons; loss of consciousness, head injury, internal injury, permanent injury, miscarriage.
Sexual abuse			
No	Standard	Moderate	High
Never, or not currently	Use of sexual insults.	Uses pressure to obtain sex; unwanted touching, non violent acts that make victim feel uncomfortable about sex, their gender identity or sexual orientation.	Uses threats or force to obtain sex, rape serious sexual assaults; deliberately inflicts pain during sex, combines sex and violence including weapons, sexually abuses children and forces partner to watch, enforced prostitution, intentional transmission of STIs/HIV/AIDS.
Harassment or stalking			
No	Standard	Moderate	High
Never or not currently	Occasional phone calls, texts and emails.	Frequent phone calls, texts, emails.	Constant/obsessive phone calls, texts or emails, uninvited visits to home, workplace etc or loitering; destroyed or vandalised property, pursues victim after separation, stalking, threats of suicide/homicide to victim and other family members, threats of sexual violence, involvement of others in the stalking behaviour.

Jealous or controlling behaviour/emotional abuse			
No	Standard	Moderate	High
Never or not currently	Made to account for victim's time, some isolation from family/friends or support network, put down in public.	Increased control over victim's time, significant isolation from family and friends, intercepting mail or phone calls, controls access to money, irrational accusations of infidelity, constant criticism of role as partner/wife/mother.	Controls most or all of victim's daily activities, prevention from taking medication, accessing care needs (especially relevant for survivors with disabilities); extreme dominance, e.g. believes absolutely entitled to partner, partner's services, obedience, loyalty no matter what. Extreme jealousy, e.g. 'If I can't have you, no-one can, with belief that abuser will act on this. Locks person up or severely restricts their movements, threats to take the children. Suicide/homicide/familiacide threats, involvement of wider family members, crimes in the name of 'honour'. Threats to expose sexual activity to family members, religious or local community via photos, online (e.g. Facebook) or in public places.

PRACTICE GUIDANCE FOR IDVAs USING THE CAADA-DASH RISK IDENTIFICATION CHECKLIST

Introduction: This guidance aims to provide assistance to IDVAs[9] when completing the checklist with their clients who are assumed to be the adult victim of abuse, and to help them identify suitable cases to be reviewed at a MARAC. We hope that much of the information contained here will also be relevant to other practitioners although the specific safety planning options will vary between different agencies and their roles. The notes below are intended to be an aid to practitioners considering how to ask the questions on the RIC and identify additional questions might be useful to ask to gain contextual information that will help address the risks that their clients face.

How to use the checklist:

- ✓ **It is very important to ask all of the questions on the checklist.**
- ✓ Try to be familiar with the checklist before you work with your first client so that you feel confident about the relevance and implications of each question.
- ✓ Be sure that you have an awareness of the safety planning measures you can offer and put into place and are familiar with local and national resources to refer your client to, including specialist services.
- ✓ Please note that the 'don't know' option is included where the victim does not know the answer to a specific question and where ticking 'no' would give a misleadingly low risk level. This will also highlight to your agency and the MARAC where the gaps in information are and where you might need to gather further information.

[9] The guidance is designed specifically for IDVAs but was used by other professionals during the piloting of the checklist. Clearly some of the safety planning options identified will not apply to all professionals reading this guidance.

When to use the checklist: You should try and carry out a Risk Identification Checklist (RIC) with every client disclosing abuse to you to help you identify the levels of risk a client may be exposed to and to offer appropriate services.

- ✓ You should aim to ask the questions on your first contact with the client, as close as possible in time to the last incident.

- ✓ Where the questions in the RIC refer to 'recent' or 'current', suggest a time span of several weeks to a month to your client. Other questions do allow for historical information, for example, 'separation within the past year' or 'has the perpetrator ever mistreated an animal or family pet'.

- ✓ In the questions relating to current/recent abuse, each practitioner will have to interpret what 'current' means in each case. However, in practice, the risk identification checklist will not easily apply to historical domestic abuse cases, i.e. if most of the abuse has ceased and client is need of general support not crisis services. (N.B. Current/recent abuse covers the spectrum of emotional/physical/financial/sexual and psychological abuse.)

Who should the checklist be used with:

- ✓ Normally the checklist will be completed with the adult victim of domestic abuse including stalking and 'honour'-based violence. However you may get specific information from other professionals such as the police and if so, please note this on the form.

- ✓ You should take great care in obtaining information from other family members without the express permission of your client, since in certain situations they can pose a threat themselves.

The Evidence:

- ✓ These indicators can be organised into factors relating to the behaviour and circumstances of the alleged perpetrator(s) and to the circumstances of the victim. Most of the available research evidence, upon which the following factors are based, is focused on male abusers and female victims in a current or previous intimate relationship.

- ✓ Generally these risk factors refer to the risk of further assault, although some are also linked to the risk of homicide. We have also highlighted factors linked to 'honour'-based violence which must **always** be taken extremely seriously.

Introducing the checklist to your client:

It is important to explain your confidentiality, information sharing and MARAC referral policies before beginning to ask these questions. This will create transparency and clarity for the client about how and when the information they disclose might be used and shared. You should ask your client to sign a form confirming that they understand and consent to these policies, if possible, or explain that, if they agree, you will sign on their behalf confirming they have understood and consented to the policy over the telephone.

Before you begin the checklist it may be useful to also gather:

- ✓ How much time the client has to talk to you;
- ✓ The safe contact details of the client in case the call is terminated or they have to leave in an emergency;
- ✓ Whether the perpetrator is around, due back or expected back at a certain time;
- ✓ If this is a telephone call, whether it is safe for them to talk right now?
- ✓ Introduce the concept of risk to your client and explain why you are asking these questions.

You should also be aware that an LGBT person accessing services will have to disclose both domestic abuse and their sexual orientation or gender identity. Creating a safe and accessible environment where victims feel they can do this and using gender neutral terms such as partner/ex-partner is essential.

How to use the practice guidance: The practice guidance below is set out to follow the flow of the questions in the checklist and explains in turn the significance of the question, additional questions that might be posed and where relevant the research is linked to the specific risk factor.

Note on use of language: IDVAs will normally refer to the person who is referred to their service as 'clients'. The terms 'victim' and 'survivor' are often used by other agencies and in research. In this document we use the terms 'client' and 'victim' interchangeably depending on the context.

Step by Step Guide to Using the Checklist

Q1. Has the current incident resulted in injury?

PRACTICE POINT: It is important to understand the level of injury to identify if any current action needs to be taken:

- ✓ When did the incident occur?
- ✓ What injuries have been sustained?
- ✓ How does this compare to previous injuries? Establish what the worst injury and incident were.
- ✓ Does the victim need immediate medical attention?
- ✓ Has this incident been reported to the police?

Q2. Are you very frightened? And Q3. What are you afraid of? Is it further injury or violence?

PRACTICE POINT: We are trying to understand the fears of the victim in relation to what the perpetrator/s may do to them. It is important to understand:

- ✓ What is the victim frightened of?
- ✓ Who is the victim frightened of? It is important you identify who the perpetrator is. Note that in extended family violence there may be more than one perpetrator living within the home and who belongs to their wider family and community. It will also be useful to know where they live to build this into any risk management/safety plan.
- ✓ Who they are fearful for? (i.e. themselves/children/siblings/partners/parents.)
- ✓ What do they think the perpetrator may do? What do they think the perpetrator is capable of? This could be physical or sexual abuse or murder of them/children/siblings/partners/parents. It might include fear of being forced into an engagement or marriage or being abducted to another country. It is important to note if they are fearful as a result of persistent stalking and harassment from the perpetrator/their associates as this can be associated with homicide. For examples of

severe stalking behaviours refer to the completed abuse grid at the end of this document. Document these fears carefully.

- ✓ LGBT clients may fear that the perpetrator will disclose their gender identity or sexual orientation to their friends, family, and colleagues.

It is important to listen carefully to the victims' perception of their safety and what it is the perpetrator may actually do. When victims are very frightened, when they report being afraid of further injury or violence, when they are afraid of being killed, and when they are afraid of their children being harmed, they are significantly more likely to experience additional violence, threats and emotional abuse (Robinson, 2006a).

The victim will have intimate knowledge of the perpetrator's capacity to harm her/him and significant others. In cases of 'honour'-based violence, they will understand the family dynamic and view of 'honour'-based systems. However, minimising the abuse and blaming the abuse on themselves is common among victims of domestic abuse and practitioners should be aware that sometimes victims may not acknowledge current threats or actions as giving them cause for concern. It is important to use your professional judgement, register your concerns with the victim and note this on the risk identification checklist and through the information sharing process at MARAC. Conversely, if the victim does express significant concern about their safety this should be taken seriously.

Q4. Do you feel isolated from family/friends i.e. does (name of abuser(s)…………) try to stop you from seeing friends/family/doctor or others?

PRACTICE POINT: Perpetrators will often seek to isolate the victim from their normal support network of friends, family etc. In terms of safety planning, you will need to understand the extent of this isolation and whether there are any 'safe' ways to contact the victim. Some examples of isolation include:

- ✓ Dependence on the perpetrator through lack of financial resources; social or geographical separation from friends.
- ✓ No support networks.
- ✓ Kept away from support of agencies through threats by the perpetrator, for instance, that the services will take their children away or no one will believe them because they are crazy.

For victims who are particularly vulnerable or socially isolated you may also consider whether the abuse has a specific cultural or community context, for example:

- ✓ You may want to ask how this is affecting their attendance at college/work/other events. Does the person who they are frightened of stop them from attending outside activities? Are they prevented from leaving the home unaccompanied or being 'policed at home'?
- ✓ Are they concerned about upholding family 'honour'? Does the perpetrator say they have a cultural/religious responsibility to protect his privacy?
- ✓ Do they feel the extended family and community reinforce the abuse?
- ✓ Are they threatening to disclose your sexual orientation/gender identity to your friends/family/work?

It is important to note that within some communities and cultures isolation can be particularly acute and can be reinforced by the risk of forced marriage. The normal support network of siblings and parents may not be available and sexual assault, 'inappropriate relationships' and failed marriages are seen to dishonour not just the woman or girl but the family as well (Hayward 2000).

Q5. Are you feeling depressed or having suicidal thoughts?

PRACTICE POINT: When working with suicidal clients we need to be able to assess the seriousness of their intent, as for some victims the only way they may see the abuse ending is by ending their life. Medical staff will talk about the difference between 'suicidal ideas' and 'suicidal intention'. Having suicidal thoughts is not uncommon when we are stressed, depressed or experiencing major traumas. They become significant when they change from ideas to plans (intent) to carry out the act.

Below are examples of important information you should consider gathering if the victim is feeling depressed and or suicidal:

- ✓ Has there been a previous suicide attempt?
- ✓ Is there sleep disruption?
- ✓ How definite does the victim's plan of suicide appear?
- ✓ Does the victim have a support network?
- ✓ Is there a history of severe alcohol or drug abuse?

- ✓ Is there a history of previous psychiatric treatment or hospitalisation?
- ✓ Is there an unwillingness to use resources and support systems?

Any client expressing suicidal ideas has to be taken very seriously. As the practitioner involved in the disclosures it will ultimately be your responsibility to share this information within your agency, at your MARAC and/or to a member of the primary health care team. You should encourage the victim to take the initiative and seek help themselves and to explain the importance of their engagement with the information sharing process.

It is important to ensure that you are clear about your own agency's crisis/safety plan which incorporates advice for working with suicidal clients. Do not wait until an emergency arises, familiarise yourself with the procedure before hand and the resources or referral routes available to your client.

Q6. Have you separated or tried to separate from (………) within the past year?

PRACTICE POINT: Attempts to end a relationship are strongly linked to intimate partner homicide (Websdale 1999; Regan, Kelly, Morris and Dibb, 2007). It is therefore important that work is carried out to ensure that the victim can leave as safely as possible. You should explore with your client the different options for leaving, whether this is in an emergency or as part of a longer term plan. Research suggests that women are particularly at risk within the first two months of leaving an abusive relationship (Wilson and Daly, 1993; ACPO Findings from the Multi-agency Domestic Violence Homicide Review Analysis, 2003). This reinforces the importance of offering your client support beyond the point of separation as this is when victims are particularly at risk of further violence/homicide and of thinking through the detail of any plan to separate safely. In cases of 'honour'-based violence, separation may be identified by the victim as an attempt to run away.

You may also want to probe for additional information which is linked to other questions on the checklist, for example:

- ✓ If the client has separated from the abuser, when was this?
- ✓ Is the client currently leaving or planning to leave?
- ✓ Does the abuser threaten what they may do if the client leaves? For example, does (…..) say things like 'if you were to ever leave me'?
- ✓ Is the client frightened by this? Is the client prevented from leaving due to family pressure or the threat of dishonour?
- ✓ Is the client prevented from leaving due to threats of being 'outed' to family/employer etc?

- ✓ Does the client's dependence on the perpetrator for physical care prevent escape?

In some cases, you may be approached by different individuals (family/friends etc) to try and find out information that would identify the whereabouts of the victim. It is important to maintain client confidentiality at all times and establish with the victim whom it is safe to talk to in order to avoid putting them at greater risk.

Q7. Is there conflict over child contact?

PRACTICE POINTS: One study found that more than three-quarters. of a sample of separated women suffered further abuse and harassment from their former partners and that child contact was a point of particular vulnerability for both the women and their children (Humphreys & Thiara, 2003). This has also been reiterated through research with IDVA projects confirming that harassment and stalking often continue post separation. Child contact is used by perpetrators to legitimise contact with ex-partners therefore, when considering the safety of the victim and children, it is important to discuss informal contact and family routines in order to identify when victims and their children may be at risk. You may want to find out:

- ✓ How many children they have and whether they are from this or previous relationships?
- ✓ If the perpetrator has parental responsibility?
- ✓ If there is any formal (via solicitors/Children's Services) or informal regulation of child contact?
- ✓ Where the children go to school/after school activities. Does the perpetrator know this?
- ✓ Where they receive medical treatment? Does the perpetrator know this?
- ✓ If the perpetrator threatens to kidnap or harm the children?
- ✓ If they threaten to report the client to Children's Services or the family courts as being a 'bad mother' or threaten that the children will be removed from the client's care?
- ✓ If they threaten to send the children overseas or gain custody through other cultural/religious means?
- ✓ If they threaten to use the client's sexual orientation within the courts/Children's Services arena as a way to 'take the children'?

These are important pieces of information for your agency (and the MARAC) to include in safety/risk management plans so that they can be built into any criminal or civil sanctions such as bail conditions, restraining orders, non molestation/occupation orders and orders under the Children Act.

Q8. 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)

PRACTICE POINTS: Please ensure you ask the victim about the abuser's behaviour (remembering that there may be more than one perpetrator); if the victim feels they are being stalked ask them to clearly describe what happens. You may find it useful to ask whether there are certain patterns to the abuse, and to keep a log of incidents. This may become a useful form of evidence in criminal and civil proceedings. Stalking frequently occurs at the point of separation, but can also occur within an abusive relationship where the couple are still together. The following are additional high risk factors which may indicate future violence in cases of harassment and stalking:

- ✓ Pursuit of the victim during/after separation.
- ✓ Vandalising or destroying property.
- ✓ Turning up unannounced and/or loitering around the workplace/home/school.
- ✓ Following the victim or loitering near the victim.
- ✓ Threatening the victim and/or others with suicide, homicide or sexual violence e.g. 'if I can't have you nobody will'.
- ✓ Calling/texting/emailing continuously and obsessively.
- ✓ Sending letters/notes/items/'gifts'.
- ✓ Engaging others to help.
- ✓ Acting violently to anyone else during the stalking incident.
- ✓ Making contact around certain anniversaries', birthdays or dates.

Children of the relationship may also be used to permit harassment and stalking of your client. The perpetrator may obtain information or items from children that could place your client at risk, for example:

- ✓ Keys to the property.
- ✓ New addresses of work, school and home.

Q9. Are you pregnant or have you recently had a baby (within the past 18 months)?

PRACTICE POINT: If yes, note whether she is pregnant or has just given birth. The answers to the following questions will provide useful context:

- ✓ What is the estimated due date of the pregnancy?
- ✓ Does the perpetrator know of the pregnancy? Is it his child?
- ✓ Does the perpetrator target any attacks or abuse towards the client's stomach area?
- ✓ Do a midwife and other professionals involved know about the pregnancy and the domestic abuse?
- ✓ How does the client feel about being pregnant? Was this a planned pregnancy?

In many cases you may find that victims are unsure about continuing with a pregnancy. You should be prepared to discuss this with your client and be able to refer the victim to pregnancy advisory services so that all of their options can be explored. Some clients may describe that being pregnant keeps them safe from physical harm, as this is the only period when their partner does not physically abuse them. Using the supplementary information gathered about the pregnancy you should consider establishing a safety plan for the birth and for after the baby is born.

The presence of children increases the risk of domestic violence for women (Walby and Allen 2004). There is a significant association between risk and the number of children in a household, the greater the number the higher the risk (Barnish 2004, Sidebotham and Heron 2006, Hindley, Ramchandani and Jones 2006). You may wish to consider how the presence of children impacts on the women's ability to use safety strategies and increases her dependence on the abuser.

The presence of step children in particular increases the risk to both the child and the woman. (Garcia and Soria 2007, Brewer and Paulsen 1999 and Cavanagh et al 2007). If step children (not the biological children of the abuser) are present it is worth exploring the following questions and considering a referral to Children's Services.

- ✓ What is the quality of the relationship between the abuser and step child?
- ✓ Has there been abusive behaviour from the abuser towards the step child?

Clearly, young children are extremely vulnerable in situations of domestic abuse and consideration must be given both to the risks that they face and the risks to the mother. The London Safeguarding Children Board Procedures state that any single incident of domestic violence towards a mother of a baby under 12 months old (whether the child is present or not) should require a professional to make a referral to the local authority children's social care while other research suggests that children under 18 months of age are the most vulnerable in these situations.

Violence towards a pregnant woman can also represent abuse to an unborn child. Unborn children can become the subject of child protection procedures. Your service will need to consider when it is appropriate to refer such situations to Children's Services

Q10. Is the abuse happening more often? And Q11. Is the abuse getting worse?

PRACTICE POINT: Previous domestic violence is the most effective indicator that further domestic violence will occur. 35% of households have a second incident within five weeks of the first (Walby and Myhill, 2000). In cases of 'honour'-based violence, previous family history including towards siblings can be very relevant. To help your client answer this question you may need to follow this up by asking:

- ✓ When was the last incident?
- ✓ How many have there been in the last twelve months? Are they happening more often?
- ✓ Is this incident worse than the last incident? If so how?

These questions may deliver a more specific, tangible answer for you to develop a risk management plan. You might suggest that your client keeps a diary or log of incidents to help document the escalation in frequency and severity.

Q12. 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.)

PRACTICE POINT: Recent research (Regan, Kelly, Morris and Dibb 2007) has highlighted the importance of coercive control and jealous surveillance as important indicators of risk. Some of this information from this question may overlap with the earlier question about isolation. The following prompts may be useful:

- ✓ If the perpetrator(s) is controlling, what do they do? Examples of controlling behaviour may include:
    - Being made to account for time and whereabouts.
    - Isolation from friends and family.
    - Interception of mail/telephone calls.
    - Accusations of infidelity.
    - Being prevented from taking medication.
    - Extreme dominance.
    - Being prevented from leaving the house.
    - Making threats that children will be removed if victim reports.
    - Extreme jealousy, e.g. "if I can't have you no one else can".
    - Use of the victim's religion to control.
- ✓ Do they ask anyone else to carry this out for them? For example other family members or friends.
- ✓ Consider 'honour'-based violence – a victim may not have 'usual' freedom of choice, may be heavily 'policed' at home or unable to leave the home address except under escort or children may be used to control the victim's behaviour. There may be certain behaviours that would be deemed unacceptable in a particular community and that could trigger serious harm or homicide.
- ✓ Have they been abusive to others, for e.g. new partner/ex-partner, other family members and work colleagues?
- ✓ Consider how the perpetrator may use someone's sexual orientation or gender identity to control and abuse them (e.g. saying they deserve the abuse because they

are LGB or T or that no-one will help them or believe them or that they will disclose their sexual orientation or gender identity to their friends, family, colleagues); They may also question the victim's gender identity or sexual orientation and make them feel guilty or ashamed.

If you are a professional who comes into contact with the perpetrator, consider how they might try to control you too.

Once you have identified the extent of control the perpetrator has over the victim you should then move to identify windows of opportunity to talk or meet with the victim in the future.

Q13. Has (........) ever used weapons or objects to hurt you?

PRACTICE POINT: Supplementary questions may cover:

- ✓ Has this last incident involved the use of any weapons?
- ✓ Does the perpetrator have access to weapons through friends/acquaintances/employment?
- ✓ Does the perpetrator have military or martial arts training?
- ✓ Does this significantly concern either the client or the IDVA?

It may be useful to include examples of 'objects' that can be used as weapons so that clients can relate the question to their situation. Thus, the question aims to cover not just weapons such as knives or guns but also household objects which may be used as weapons, for example:

- ✓ Towel rails.
- ✓ Ashtrays.
- ✓ Children's toys.
- ✓ Family pets.

This information is useful to identify both risks to the victim and risks to other professionals attending the home or working with the perpetrator. You will need to consider notifying the police and any relevant professionals who may attend the home. If this case is referred to MARAC it is something you should prompt professionals to log within their own agencies for any staff attending the home.

Q14. Has (……) ever threatened to kill you or someone else and did you believe them?

PRACTICE POINT: It may be useful to ask additional questions:

- ✓ Who is threatening to kill the client? The threat may be from many members of the family, extended family or community in 'honour' cultures.
- ✓ What threats does the perpetrator make? How do they threaten to kill the client or others?
- ✓ Who else have they threatened to kill, (i.e. children, partners, pets etc.)?
- ✓ Who else have they told that they intend to kill the client or others? Sometimes such threats are made to third parties including police and probation officers.

It is important not to minimise the threat that a victim discloses to you. Some victims may minimise the threats to kill but in those circumstances it is important to assess whether the victim is genuinely frightened by the threats as in question two.

If the victim is considering reporting these threats to the police it is important to manage their expectations about what action the police may be able to take. As a service you may need to discuss with your local Community Safety Unit/Domestic Violence Unit/Public Protection Unit what evidence they may require to substantiate a charge of threats to kill.

Q.15. Has (………) ever attempted to strangle/choke/suffocate/drown you?

PRACTICE POINT: It may be useful to ask additional questions to assess the seriousness of this risk:

- ✓ When did they attempt to strangle/choke/suffocate/drown you?
- ✓ What did they do? (Did they use implements i.e. shoe laces or use their hands?)
- ✓ How often do they do this?
- ✓ Did you/do you lose consciousness?

Any such attempts should be taken very seriously.

Q16. Does (……) do or say things of a sexual nature that make you feel bad or that physically hurt you or someone else? (If someone else, specify who.)

PRACTICE POINT: This may appear a difficult question to ask a victim especially if this is the first conversation you have had. You may find it helpful to frame the question for example:

- ✓ Many clients I have talked to in the past have talked to me about their partner/ex partner doing or saying things of a sexual nature that made them feel bad or that physically hurt them. Has this ever happened to you?

If they say yes, you may then wish to use the following prompts for more detail:

- ✓ What took place? It is important to be aware that rape, sexual abuse and intimidation are not always identified as such by the victim. Thus, it is important as a practitioner that you are able to talk to your client about the range of sexual abuse they may be experiencing for example:
  - Intimidation and pressure to have sexual intercourse including use of weapons.
  - Use of sexual insults.
  - Unwanted sexual touching including use of objects.
  - Inflicting pain during sex.
  - Sexual abuse of children.
  - Exposing children and/or client to pornographic material.
  - Refusal to use contraception or have safe sex.
  - Exploiting the victim through the taking of photographs and videos; threatening to expose them to friends/family/colleagues with this material.
  - Forcing the victim to have sexual intercourse with other people or into prostitution.
- ✓ Once you have identified what type of sexual abuse is being perpetrated against them, it is useful to know:
- ✓ When did this happen? How often does this happen?
- ✓ What did they do?

- ✓ Did you talk to anyone or report this to the police or seek medical attention?
- ✓ Have they done this to anyone else for e.g. children or a previous partner?
- ✓ Is the client concerned about any sexually transmitted diseases or pregnancy as a result of the attacks?

If there has been a recent attack then you can offer the services of the local SARC/A&E/Police for further medical or legal investigation.

Q17. Is there any other person who has threatened you or whom you are afraid of? (If yes, please specify who and why. Consider extended family if HBV.)

The client may also have been threatened by someone else and/or appear much more frightened than you might expect. They may cite instances of behaviour that would be quite acceptable in one culture, but not in theirs. Examples of this in relation to 'honour'-based violence might include:

- ✓ Smoking in public.
- ✓ Inappropriate make up or dress.
- ✓ Truanting.
- ✓ A relationship not being approved of by family and/or community.
- ✓ Rejection of religion or religious instruction.
- ✓ Rejection of an arranged marriage.
- ✓ Pre-marital conflict or pre-marital or extra marital affair.
- ✓ Reporting domestic abuse.
- ✓ Running away.
- ✓ Sexual conduct – talking, kissing, intimacy in a public place.
- ✓ Pregnancy outside of marriage.
- ✓ Being a reluctant immigration sponsor.
- ✓ Attempts to separate/divorce.

- ✓ Sexual orientation (including being gay, lesbian, bisexual or transgender).

If you do think this is a risk, you will need to establish whether relatives, including female relatives, might conspire, aid, abet or participate in the abuse or killing. For example, younger relatives may be selected, to avoid senior family members being arrested and due to the perception that younger offenders may receive a more lenient penalty. Sometimes contract killers (bounty hunters) are employed.

You should consider whether the victim's partner, children, associates or their siblings are also at risk.

Professionals should assess the following factors in relation to the nature of the risk, and actions they may take as part of a safety plan:

- ✓ The ongoing relationship or connection between the perpetrator(s) and victim may enhance vulnerability to future abuse and act as a barrier to help-seeking option.
- ✓ Other siblings being subject of similar issues.
- ✓ Strong extended family network.
- ✓ Family may seek to locate and pressurise victim.
- ✓ Family may seek to remove/abduct victim, including taking the victim abroad.
- ✓ Threat to new partner/ex-partner.
- ✓ The perpetrator(s) history of abusing others in a domestic context or of other violent behaviour.

Q18. Do you know if (..........) has hurt anyone else? (Please specify whom including the children, siblings or elderly relatives. Consider HBV.)

PRACTICE POINT: Perpetrators do not tend to discriminate in terms of who they are abusive towards. Research shows that it tends to be part of a perpetrator's pattern of repeated aggression toward other persons persisting over the life course, with a series of victims including siblings, schoolmates, dating partners, strangers, partner and/or work colleagues (Richards, 2004; Fagan, Stewart and Hansen, 1983; de Becker, 1999).
The information revealed will point you to what other support agencies need to be involved with the family for example, Children and Young People's Services or the Protection of Vulnerable Adults team.

It is important to identify the following:

- ✓ Who these other victims are?
- ✓ If they are children, how and when were they harmed?
- ✓ Current whereabouts of these other victims.
- ✓ Dates of birth of these children (for identification purposes).

Q19. Has (……….) ever mistreated an animal or the family pet?

PRACTICE POINT: Experts increasingly recognise a correlation between cruelty to animals and domestic violence (Cohen and Kweller, 2000). For families suffering domestic violence or abuse, the use or threat of abuse against companion animals is often used for leverage by the controlling/violent member of the family to keep others in line or silent. The violence may be in the form of intimate partner violence, child abuse (both physical and sexual), or elder abuse.

This may be an important factor in whether the victim is willing to enter into refuge/emergency accommodation as these shelters may not take animals and therefore alternatives may need to be found to accommodate the whole family. There are some organisations that operate animal fostering services that may be of use to the victim until they are in accommodation that will accept pets.

Q20. Are there any financial issues? For example, are you dependent on (…..) for money/have they recently lost their job/other financial issues?

PRACTICE POINT: Exploring this question will also allude to the level of isolation and control the perpetrator has over the victim. Consider these points and additional questions to gain clarity over the financial control and issues:

- ✓ Are there any issues regarding the victim's access to public funds? Victims who have no recourse to public funds may be entirely reliant on their spouse for financial support.
- ✓ Check whether they jointly claim benefits. Victims who are on a low income or on no income at all may not be allowed by the perpetrator to claim benefits in their own right.
- ✓ Does the perpetrator restrict/withhold/deny access to joint/family finances?

- ✓ Has the client been forced into taking on loans/re mortgages and is the client responsible for the repayments and any defaults? Check whose names these debts are in.

Finances will need to be considered by all practitioners when considering safety options. Welfare grants or subsistence allowances may need to be negotiated between agencies to allow the victim access to some funds for accommodation or travel to accommodation. In some situations your client may need advice on benefits and/or debt management.

Q21. Has (……..) had problems in the past year with drugs (prescription or other), alcohol or mental health leading to problems in leading a normal life? (If yes, please specify which and give relevant details if known.)

PRACTICE POINT: This includes serious problems in the past year with illicit drugs, alcohol or prescription drugs that leads to impairment in social functioning (health, relationships etc.) It also includes perpetrator depression (Regan, Kelly, Morris and Dibb 2007).

A victim may be acutely aware of how alcohol or drugs affect the perpetrator and may also blame the abuse on the addiction of the perpetrator. The victim may be reluctant for the police or any agency knowing about the abuse for fear they would find out about the perpetrators involvement with or use of drugs. They may fear incrimination themselves and they may fear the repercussions from the perpetrator. This question needs to be managed carefully and attention paid as to what the victim's concerns are around this issue. The victim and perpetrator may also be using the same or similar substances and therefore be accessing the same services, suppliers and places. You may also find it useful to establish:

- ✓ How often does the perpetrator drink/use drugs?
- ✓ Do they have an addiction?
- ✓ Are the drugs prescription or illegal?

In relation to any mental health conditions:

- ✓ Has the perpetrator been diagnosed with mental health conditions?
- ✓ Are they receiving support or intervention for this (this could be in the form of counselling, prescription drugs etc)?
- ✓ Has there been a recent change in the perpetrator's mental health?
- ✓ Are there other triggers to violent behaviour?

Q22. Has (……) ever threatened or attempted suicide?

PRACTICE POINT: It may also be useful to ask if the perpetrator self harms as suicidal behaviour is evidenced by a history of suicide attempts, self-harm or suicidal ideation. Homicidal behaviour is evidenced by the same. Thus if a perpetrator threatens suicide, one should be alert to the heightened risk of homicide to others (Menzies, Webster and Sepejak, 1985; Regan, Kelly, Morris and Dibb, 2007).

Homicide-suicide occurs when the perpetrator murders the family and then commits suicide. Depression and suicidal symptoms may often be a pre-cursor to this and the most common factors in such cases is that the perpetrator needs to control the relationship. Declarations such as 'If I can't have her, then no-one can' are recurring features of domestic homicides and the killer frequently intends to kill themselves too (Wilson and Daly, 1993; Richards, Findings from the Multi-agency Domestic Violence Homicide Review Analysis, 2003).

The victim may indicate that they are frightened that the perpetrator may kill themselves, children and victim. If so, this is something that you should highlight at the MARAC. If there are any immediate concerns, you should consider sharing this information with the police and Children's Services.

Q23. Has (………) ever broken bail/an injunction and/or formal agreement for when they can see you and/or the children? (You may wish to consider this in relation to an ex-partner of the perpetrator if relevant.)

PRACTICE POINT: Previous violations of criminal or civil orders may be associated with an increased risk of future violence. Similarly, previous violations of contact or non-contact orders may be associated with an increased risk of future violence. As a practitioner, you should consider breaches of court mandated contact arrangements, agreements with Children's Services about contact with children and breaches of civil or criminal court orders.

The victim may be aware that the perpetrator has breached bail or injunctions in relation to a previous partner. Equally, as a professional, you may be aware of this when the victim is unaware. Such information will need to be handled delicately and advice sought whether it is proportionate for you to disclose this for the victim's safety.

Victims who have experienced breaches of bail/court orders in the past may not have had a positive experience of how the police or the courts responded to these. If this is a reality for the victim they may be very reluctant to pursue any of these options now. The role of an IDVA is to try and secure a more positive experience for your client through these processes. That process begins by being realistic with them about how your local police/courts/solicitors currently perform in similar situations to your clients. If there is a history of breaches it is important for you to know the detail of these breaches as it should be relevant information for the police/solicitors and ultimately the courts in any future civil or criminal court action.

Q24. Do you know if (……..) has ever been in trouble with the police or has a criminal history? (If yes, please specify.)

PRACTICE POINT: As with question 23, the victim may not know or not want to disclose the criminal activity of the perpetrator for fear of further reprisals from the perpetrator (or other family members) or for fear of incriminating themselves. This should be carefully explored so that you know what the barriers may be to reporting to the police and other agencies. Additional questions that could follow:

- ✓ Is the record for domestic abuse? With this partner? Another partner?
- ✓ Other violence?
- ✓ Other criminal record?

The victim may be unaware of other criminal behaviour and so you may need to review the answer to this question with your local police CSU/PPU. Information about other criminal activity can both add to our understanding of the risks a perpetrator might pose and also potentially give other options to manage their behaviour.

There may be situations where your referral has come from the police and you are made aware of a perpetrators' criminal history. If so, you will need to be very sensitive to the fact that the victim may not be aware of this. The IDVA should discuss with the police what information they might be able to share with the victim.

It is important to note that offenders with a history of violence are at increased risk of harming their partner, even if the past violence was not directed towards intimate partners or family members (Stuart & Campbell, 1989; Regan, Kelly, Morris and Dibb, 2007). Research shows that abuse tends to be part of a perpetrator's pattern of repeated aggression towards other persons persisting throughout their life, with a series of victims from siblings to schoolmates to dating partners to strangers to spouse (Richards, 2004; Fagan, Stewart and Hansen, 1983). When histories of violent people are examined, a consistency begins to emerge in their approaches to interpersonal relationships (Richards, 2004). The exception to this relates to 'honour'-based violence, where the perpetrator(s) will commonly have no other recorded criminal history.

REVEALING THE RESULTS TO YOUR CLIENT

It is important that this is handled in a sensitive manner. Revealing a client is 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 exactly by using the answers the client gave to you and by explaining your professional judgement. It is important that you explain what the next steps are to be, i.e. risk management, safety plans, referrals to MARAC and child protection agencies. In cases of HBV, the victim will need reassurances that there are systems in place to ensure that family members will not be contacted or informed. Such contact could clearly put the victim at much greater risk.

Example wording:

"You've told me a number of things which, from my experience and the tools I use to assess how dangerous your situation is, tell me that you are at risk of further serious harm. You said yourself that you were frightened of X, Y, Z which confirms my concerns. As I explained at the beginning of our conversation (refer to confidentiality and information sharing policy), using the information you have given me, I would like to develop a plan to help increase your safety. To do this you and I will need to (refer to internal safety/risk management processes) and refer your case to our local MARAC (explain supportive process of multi agency risk management)".

Equally, identifying your client is not currently high risk and that as an IDVA you may need to refer her to a different agency or provide a different service as a result may be unwelcome. This has to be managed carefully to ensure that the client doesn't feel like their situation is being minimised or so they don't feel embarrassed for reaching out for help. Explain that these factors are linked to homicide and serious harm and that if s/he experiences any of them in future, that they should get back in touch with your service or with the emergency services in an immediate crisis.

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Appendix C

WIRRAL FAMILY SAFETY UNIT
Information Sharing Without Consent Form

Victim name and DOB			
Victim address			
Children	DOB	Address	School (if known)

Who is at Risk? (e.g. Children, client, family, others)	Who are they at risk from? (e.g. partner, ex-partner, family, self)	What are the concerns around this risk?	What are the immediate risks to this victim?	Risk Identified through Risk Assessment
Risk Identification Checklist (if it has been possible to complete a CAADA-DASH RIC, attach it here)	/ number of ticks out of 24			
Details of incident / information causing concern (include source of information)				
Details of incident / information causing concern (include source of information)				

Legal Authority to share

Protocol relevant	Y / N	If yes, please detail	

OR

Legal grounds (If yes, please tick one or more grounds below)	Y / N
Prevention and detection of crime	
Prevention / detection or crime and/or apprehension or prosecution of offenders (DPA, sch 29)	
To protect vital interests of the data subject; serious harm or matter of life or death (DPS, sch 2 & 3)	
For the administration of justice (usually bringing perpetrators to justice (DPA, sch 2 & 3)	
For the exercise of functions conferred on any person by or under any enactment (police / Social Services) (DPA, sch 2 & 3)	
In accordance with a court order	
Overriding public interest (common law)	

Pressing need		Risk of not disclosing	

Child protection – disclosure to social services or police for the exercise of functions under the children act, where the public interest in safeguarding the child's welfare overrides the need to keep the information confidential (DPA, sch 2 & 3)	
Right to life (Human Rights Act, art. 2 & 3)	
Right to be free from torture, of inhuman or degrading treatment (HUMAN RIGHTS ACT, ART. 2 & 3)	

Balancing Considerations (please tick)

Respective risks to those affected		Interest of other agency / person in receiving it.	
Public interest of disclosure		Human rights	
Duty of confidentiality		Other	
Comments			
Internal consultations			

(Names / Dates / Advice / Decisions)	
External consultations (Home Office, Information Sharing Helpline)	

Client Notification

Client notified	Y / N	Date notified	
If not, why not?			

Review

Date for review of situation (review to include feedback from the agencies informed as to their response)	
Name of person responsible for ensuring the situation is reviewed by this date	

Record the following information-sharing in case file:

Date (as signed by manager)	
Date information shared	
Agency & named person informed	
Method of contact	
Legal authority for each agency	
Signature of caseworker	
Date (as signed by caseworker)	
Signature of manager	

WIRRAL
DOMESTIC ABUSE
MULTI AGENCY RISK ASSESSMENT CONFERENCE (MARAC)
OPERATING PROTOCOL

Family Safety Unit Referral Form

Section 1- Client's Details

Name			
DOB			
Address			
Post code			
Telephone		SAFE CONTACT?	YES/NO
Gender	MALE/FEMALE		
Nationality/racial origin		Religion	
Occupation			
Disability			
GP details			

Section 2- Perpetrator Details

Name			
DOB		Age	
Address			
Post code			
Gender	MALE/FEMALE	Relationship to client	
Nationality/racial origin		Religion	
Still in a relationship?	YES/NO	How long separated?	

Section 3- Children's Details

Child 1		Number of children	
Name		DOB	
Age		Gender	MALE/FEMALE
Relationship to client		Relationship to perpetrator	
School attended			
Child 2			
Name		DOB	
Age		Gender	MALE/FEMALE
Relationship to client		Relationship to perpetrator	
School attended			

Child 3			
Name		DOB	
Age		Gender	MALE/FEMALE
Relationship to client		Relationship to perpetrator	
School attended			

To add further children, please use extra notes section

Section 3 continued

CYPD referral made?	YES / NO / UNKNOWN	Date of referral	
Outcome of referral			
Is child/family already open to CYPD?		YES / NO / UNKNOWN	
Social worker		Contact number	
Are any children involved in a Team Around the Child process?		YES / NO / UNKNOWN	
Lead professional		Contact number	
Conference date			
Are any children involved in child protection proceedings?		YES / NO / UNKNOWN	
Social Worker		Contact number	

Section 4- Incident Details

Physical assault		Verbal abuse		Sexual assault		Threatening behaviour	
Offensive calls/texts		Offensive emails		Harassment		Damage	
Theft		Financial Abuse		Controlling Behaviour		Other (specify below)	

Date of incident		Time of incident	
Address of incident			
Post code			
Location type (please tick)			

Client's home		school		Near home		work		shops	
Public transport		Pub/club		Public place		Other (specify)			

Brief details of incident

Did any loss or damage to property result during the incident?	YES/NO
If yes, please provide details	

Was the incident witnessed?	YES/NO
If yes please give name	
address	
Contact number	

Previous History

How long has the client experienced domestic abuse from perpetrator?	
Has the client been in an abusive relationship previously?	

Section 5- injuries sustained

Has any injury/illness occurred during the incident?	YES/NO (if yes please tick boxes that apply)		
Psychological abuse		Severe bruises/broken bones	
Slapping/pushing		Head injury, internal injury, permanent injury	
Punching/kicking		Use of weapons resulting in injuries	
Other (please specify)			

Section 6- Reporting details

Reporting agency		Name of person reporting	
Contact number			
Was the incident reported by client/other person?		CLIENT/OTHER	
If other, please name		Contact number	

Section 7- Actions

Time and date	Action taken by referring agency

Client's needs

Housing		Legal		Immigration	
Domestic abuse support group		Refuge		Target hardening	
Other (please specify)					
If property is rented, please provide name & number of landlord					

Additional notes

CAADA-DASH Risk Identification Checklist for use by IDVAs and other non-police agencies[10] for MARAC case identification when domestic abuse, 'honour'- based violence and/or stalking are disclosed

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Please explain that the purpose of asking these questions is for the safety and protection of the individual concerned. Tick the box if the factor is present ☑. Please use the comment box at the end of the form to expand on any answer. It is assumed that your main source of information is the victim. If this is not the case please indicate in the right hand column	Yes (tick)	No	Don't Know	State source of info if not the victim e.g. police officer
1. Has the current incident resulted in injury? (Please state what and whether this is the first injury.)	☐	☐	☐	
2. Are you very frightened? Comment:	☐	☐	☐	
3. What are you afraid of? Is it further injury or violence? (Please give an indication of what you think (name of abuser(s)...) might do and to whom, including children). Comment:	☐	☐	☐	
4. Do you feel isolated from family/friends i.e. does (name of abuser(s) ....) try to stop you from seeing friends/family/doctor or others? Comment:	☐	☐	☐	
5. Are you feeling depressed ? Are you having suicidal thoughts?	☐ ☐	☐ ☐	☐ ☐	
6. Have you separated or tried to separate from (name of abuser(s)….) within the past year?	☐	☐	☐	
7. Is there conflict over child contact? Give details:	☐	☐	☐	
	YES	NO	Don't know	State source

8. Does (……) constantly text, call, contact, follow, stalk or harass you? (ie- consider Facebook etc) (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.) Give details:	☐	☐	☐	
9. Are you pregnant? Have you had a baby in the last 18 months?	☐ ☐	☐ ☐	☐ ☐	
10. Is the abuse happening more often?	☐	☐	☐	
11. Is the abuse getting worse?	☐	☐	☐	
12. Does (……) try to control everything you do and/or are they excessively jealous? (In terms of relationships, who you see, being 'policed at home', telling you what to wear for example. Consider 'honour'-based violence and specify behaviour.) Give details:	☐	☐	☐	
13. Has (……..) ever used weapons or objects to hurt you? Give details:	☐	☐	☐	
14. Has (……..) ever threatened to kill you or someone else? Do you believe them? You ☐ Children ☐ Other (please specify) ☐	☐ ☐	☐ ☐	☐ ☐	
15. Has (………) ever attempted to: strangle ☐ choke ☐ suffocate ☐ drown ☐ you?	☐	☐	☐	
16. Does (……..) do or say things of a sexual nature that make you feel bad? Have they sexually abused anyone else? (specify who)	☐ ☐	☐ ☐	☐ ☐	
17. Is there any other person who has threatened you or who you are afraid of? (If yes, please specify whom and why. Consider extended family if HBV.) Comments:	☐	☐	☐	

18. Do you know if (………..) has hurt anyone else? (Please specify whom including the children, siblings or elderly relatives. Consider HBV.) Children ☐ Another family member ☐ Someone from a previous relationship ☐ Other (please specify) ☐ Comments:	☐	☐	☐	
19. Has (……….) ever mistreated an animal or the family pet? Comments:	☐	☐	☐	
20. Are there any financial issues? For example, are you dependent on (…..) for money/have they recently lost their job/other financial issues? Comments:	☐	☐	☐	
21. Has (……..) had problems in the past year with drugs (prescription or other), alcohol or mental health leading to problems in leading a normal life? (If yes, please specify which and give relevant details if known.) Drugs ☐ Alcohol ☐ Mental Health ☐ Comments:	☐	☐	☐	
22. Has (……) ever threatened suicide? Has (……) ever attempted suicide?	☐ ☐	☐ ☐	☐ ☐	
23. Has (………) ever broken bail/an injunction and/or formal agreement for when they can see you and/or the children? (You may wish to consider this in relation to an ex-partner of the perpetrator if relevant.) Bail conditions ☐ Non Molestation/Occupation Order ☐ Child Contact arrangements ☐ Forced Marriage Protection Order ☐ Other ☐ Comments:	☐	☐	☐	
24. Do you know if (……..) has ever been in trouble with the police or has a criminal history? (If yes, please specify.) DV ☐ Sexual violence ☐ Other violence ☐ Other ☐ Comments:	☐	☐	☐	
Total 'yes' responses				

For consideration by professional: Is there any other relevant information (from victim or professional) which may increase risk levels? Consider victim's situation in relation to disability, substance misuse, mental health issues, cultural/language barriers, 'honour'- based systems and minimisation. Are they willing to engage with your service? Describe: Consider abuser's occupation/interests - could this give them unique access to weapons? Describe:
What are the victim's greatest priorities to address their safety?
Do you believe that there are reasonable grounds for referring this case to MARAC? Yes / No If yes, have you made a referral? Yes/No **Signed:** **Date:**
Do you believe that there are risks facing the children in the family? Yes / No If yes, please confirm if you have made a referral to safeguard the children: Yes / No Date referral made ……………………………………………

Signed: **Name:**	**Date:**

Practitioner's Notes

Wirral Family Safety Unit –Information to Clients

The Wirral Family Safety Unit provides safety planning, advice, guidance and support for people experiencing domestic abuse.

Information Sharing

The best way to provide you with support is for us to work together with other Wirral agencies who can give you additional support depending on your individual needs and risk.

- We will ask you to sign to agree that you are willing for us to share relevant information with other agencies.
- We will only share information with agencies that are part of our Information Sharing agreement. Part of that agreement is their commitment to keep your information safe and confidential.
- We will only share information that is relevant to your risk. Any additional information with be stored separately in secure files.
- We will always seek to tell you what agencies we are going to speak to, or if we are unable to at the time, we will always try to tell you as soon as possible afterwards.

In most cases we can only share information with other agencies if you agree in writing. There are however circumstances when we may have to speak to other agencies without your consent if we feel that you, your children or any other vulnerable person is at risk of suffering significant harm if we fail to share information with them about your case. In those circumstances we will always try to contact you to obtain your consent if it is safe to do so. If we are unable to contact you safely we will tell you as soon as safely possible afterwards.

The Family Safety Unit is a free service and you should never be asked to pay for any service provided by us.

I agree to the sharing of my information by the Wirral Family Safety Unit

Clients name …………………………………………. (Please print)

Clients signature ……………………………………..

Witness Name (if required) and Signature……………………………………..

Date…………………………

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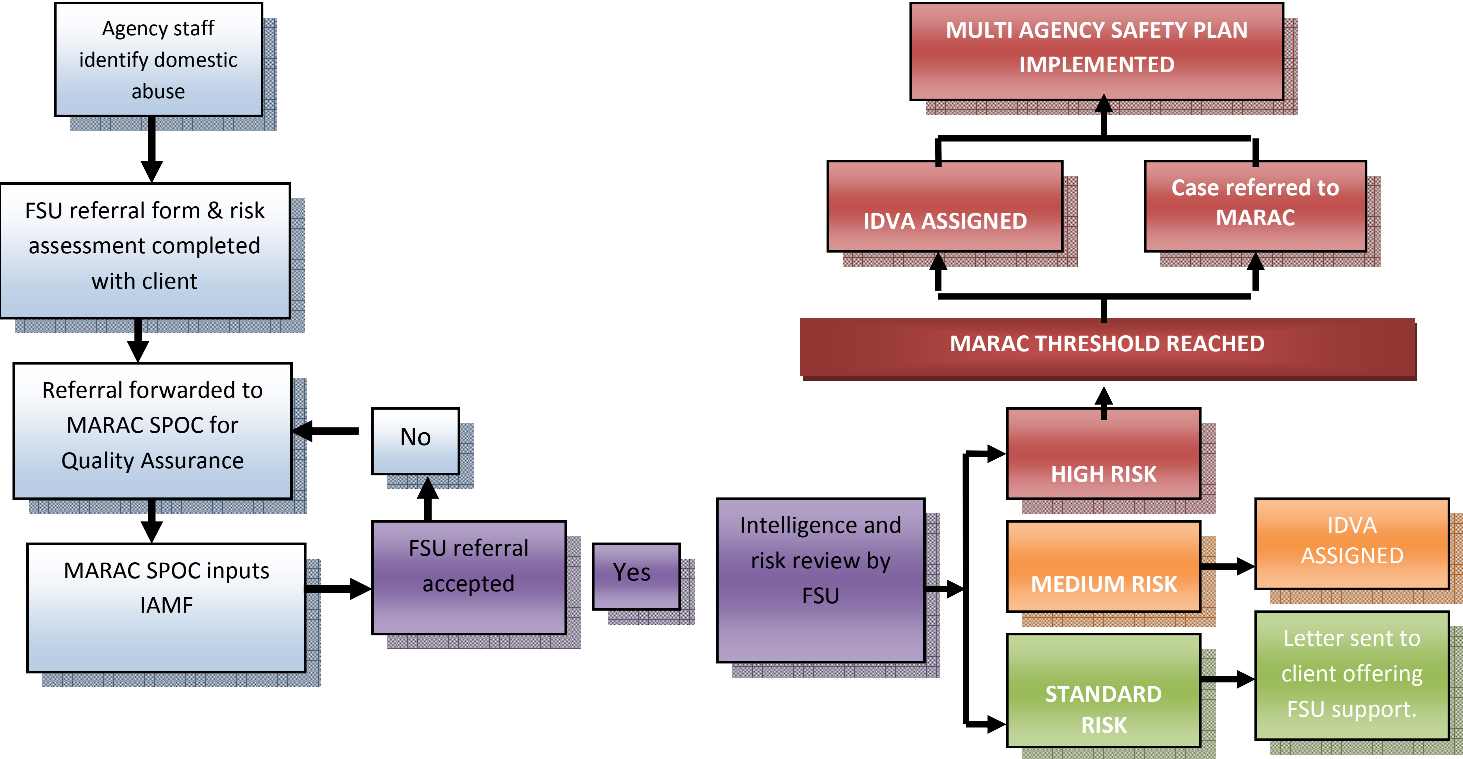
OPERATING PROTOCOL

Wirral MARAC Referral Pathway



WIRRAL
DOMESTIC ABUSE
MULTI AGENCY RISK ASSESSMENT CONFERENCE (MARAC)
OPERATING PROTOCOL

Wirral MARAC

Confidentiality Declaration

- All information presented to the MARAC meeting is strictly confidential and should not be discussed or divulged to anyone outside the meeting except when sharing information between professionals.
- It is an individuals responsibility to respect Equal Opportunities and anti discriminatory practice and language when presenting their contributions to MARAC Meetings.
- All contributions to MARAC should be presented to the Chairperson and must be accurate, fair and free from jargon.
- All contributions should focus on Domestic Abuse and Child Protection concerns and a clear distinction should be made between fact and opinion.
- Agencies have responsibility for collecting and printing minutes and updating the IAMF with their actions as they occur.
- Copies of the MARAC minutes must not be photocopied or shared without the agreement of the agencies concerned.
- Minutes from MARAC meetings will be prepared and updated by Wirral's Family Safety Unit and it is all agencies responsibility to ensure that the minutes are retained in a confidential and appropriately restricted manner. – The minutes will reflect that all individuals discussed at the meeting are treated fairly, with respect and without improper discrimination.
- It is the Chairpersons overall responsibility to ensure the above principles are adopted.

<u>The aims of Wirral's MARAC are as follows:</u>

- To share information to reduce the risk and increase the health and well being of our clients and associated family including children.
- To determine whether a perpetrator poses a significant risk to the individual or to the public.
- To jointly construct and implement a risk management plan that provides professional support in order to reduce the risk.
- To reduce repeat victimisation.
- Improve support and accountability for all staff involved in dealing with high risk domestic abuse cases.
- To facilitate, monitor and evaluate effective and appropriate information sharing information

Appendix H

Glossary of Terms

MARAC	Multi Agency Risk Assessment Conference
IDVA	Independent Domestic Violence Advocate
FSU	Family Safety Unit
NI	National Indicator
CAADA	Co-ordinated Action against Domestic Abuse
DASH	Domestic Abuse, Stalking and Harassment
RIC	Risk Identification Checklist
ACPO	Association of Chief Police Officers
CAFCASS	Children and Families Conciliation and Support Service
FCIU	Family Crime Investigation Unit