

ABUSE

Sunderland Multi-Agency Domestic Abuse Referral Pathways and Staff Guidance



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Sections 1-10 have been based on Durham's multi-agency pathways document. The appendices have been adapted from a range of good practice guides including AVA and Sunderland's local domestic abuse training modules.

01 The purpose of this guide

This document is a good practice guide for all multi-agency staff working with children, families and vulnerable people who may be living with domestic abuse in Sunderland. It will also be useful for frontline staff dealing with sexual exploitation.

In terms of outcomes, it will help you to enable a disclosure of domestic abuse by safely and confidently asking about it and making safe enquiries. It provides guidance on carrying out a risk assessment and how and where to make referrals according to the levels of risk and vulnerability. It includes good practice guidance when working with victims, children and perpetrators. It covers safety planning advice and links to a range of local, regional and national help and support agencies. It also provides advice on what intervention approaches are most appropriate according to the stage of change the victim may be at. Appendix 6 then summaries some of the key advice as part of a referral pathway summary sheet.

Throughout the document you will see web link references (e.g. ^{WL01}). You can refer to the full web addresses listed in Appendix 7 at the end of this guide. These will provide you with further information such as the links to referral forms, help and support agency websites and other guidance documents.



02 What is domestic abuse?

The terms 'domestic violence' and 'domestic abuse' are often used interchangeably, but in this guide 'domestic abuse' is used as it is felt to be a more inclusive way to describe a range of behaviours, which include violence as well as all other forms of abuse.

Domestic abuse is:

Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are, or have been intimate partners or family members regardless of their gender and sexuality. This can encompass but is not limited to the following types of abuse: psychological, physical, financial, sexual and emotional.

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

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

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

This guidance is applicable to all victims of domestic abuse. Domestic abuse is predominantly perpetrated by men against women, however it can be perpetrated within same sex relationships, by women against men, and by other family members such as older children against their parents or the extended family/community as in cases of honour based violence (HBV). **It will also be useful for staff dealing with sexual exploitation** such as the boyfriend model of child sexual exploitation, and vulnerable adult sex workers.

Domestic abuse impacts negatively on children and/or adults at risk of abuse/neglect whether they are abused directly by the perpetrator and/or by hearing, witnessing or intervening in incidents.

03 Enabling disclosure and making safe enquiries

More information is included in Section 9, but it is important to understand that victims of abuse may be reluctant to disclose what is happening to them, but having a conversation can help them to understand their situation better and build up trust. Domestic abuse victims are likely to feel constantly anxious and afraid and that fear will include talking to others about what is happening.

There are many reasons why victims won't, or feel they can't, make a disclosure (e.g. fear, retaliation, denial, minimisation, embarrassment, being judged). Where there are inequalities (e.g. age, disability, ethnicity, sexuality etc.) it can make it harder. It is very important to **build up trust** to enable a possible future disclosure.

- Always **be alert to the possibility** that an individual is experiencing domestic abuse and be prepared to offer support or signposting e.g. keep the local helpline number in your phone: 0800 066 5555
- Be **aware of the signs** that could indicate abuse is taking place - abuse is broad. There may not always be physical injury. Look out for other signs such as controlling behaviour (e.g. partner always present during appointments; won't allow the person to talk for themselves; person has limited access to money; person seems isolated from sources of support such as family and friends; person is tense and 'clock-watching' etc.). There may also be environmental indicators (e.g. broken furniture, holes in doors/walls, tense atmosphere in the home).
- Understand how **coercive and controlling behaviours** may inhibit people disclosing or revealing the extent of domestic abuse. Domestic abuse causes fear and fear reinforces the victim to act, but often in ways that placate the perpetrator and so the victim may appear uncooperative.
- Follow the principles of safe enquiry and take **protective measures to ensure that any discussions with potential victims of abuse are conducted in a safe and confidential environment** without disruptions.
- **Ask DIRECT questions** about the abuse **but only ask when the victim is ON THEIR OWN and in a PRIVATE place**. Don't assume someone else will ask at another time as it may be the victim's only opportunity to tell someone about what's happening to them. **See section 9** (box 1) for examples of **how to ask about abuse**.
- If interpreters are needed, ensure **professional interpreters** are used - **NEVER** use family members, children or friends where abuse is known or suspected
- **Keep good records** of any discussions and record what's said in the victim's own words. Record any interventions and advice offered.
- **Follow local policies, protocols and procedures** at all times.
- Be clear with the victim about **confidentiality**.

Never assume that someone else will take care of the domestic abuse issues. You should seek confirmation that other professionals/agencies have acted in a way which you would expect. You may be the victims' first and only contact. Remember that victims can deny abuse is happening and minimise the risk and/or harm for many reasons, but this is often because of the level of coercion and control being placed on them by their abusive partner. Assess their immediate safety, risk assess (see section 4) and then act accordingly. Discuss with your line manager if you are unsure what to do.

Domestic abuse **commonly escalates and increases in severity over time.** Separation does not ensure safety; it often increases the risk. Also, Department of Health guidance states in 30% of domestic abuse cases, the abuse either starts or significantly escalates during pregnancy.

If the victim is at the stage of wishing to separate from their abuser, **ALWAYS** consult with domestic abuse specialist agencies for safety planning advice and support, such as **Wearside Women in Need** on **Tel: 0800 066 5555** (the local 24/7 Freephone helpline).



04 Carrying out a Risk Assessment (the DASH RIC) and information sharing

Always use the SafeLives “Domestic Abuse, Stalking and Honour Based Violence Risk Identification Checklist” (called the ‘**DASH RIC**’ or ‘**RIC**’^{WL01}) when assessing a victim’s levels of risk. This comes with quick-start guidance.

Make sure you **familiarise yourself with the questions** in the RIC. The questions cover many areas including: the current incident and level of injury; victim’s level of fear, isolation, mental health; attempts to separate; conflict over child contact; victim’s concerns over stalking and harassment; pregnancy/recent birth; escalation of abuse; and a series of questions about the perpetrator including: jealous/controlling behaviour; use of weapons; threats to kill; attempts to strangle/choke; sexual abuse; threats from a third party; history of hurting others and mistreatment of animals; financial issues; perpetrator’s use of drugs, alcohol, mental health, suicide threats, response to previous bail conditions, criminal record etc.

The purpose of the RIC is to give a consistent and simple tool for practitioners who work with adult victims of domestic abuse in order to help them identify those who are at high risk of harm and whose cases should be referred to a Multi-Agency Risk Assessment Conference (MARAC) meeting in order to manage their risk and develop a safety plan. If you are concerned about risk to a child or children, you should make a children’s safeguarding referral to ensure that a full assessment of the child’s safety and welfare is made. Also **see section 8** of this guide.

The RIC should be introduced to the victim within the framework of your agency’s Confidentiality Policy; Information Sharing Policy and Protocols; and MARAC Referral Protocols. You should speak to your agency’s safeguarding lead if you have any queries about this.

Before you begin to ask the questions in the RIC with a victim:

- Establish how much time the victim has to talk to you: is it safe to talk now? What are their safe contact details?
- Establish the whereabouts of the perpetrator and children
- Explain why you are asking these questions and how it relates to the MARAC

While you are asking the questions in the RIC:

- Identify early on who the victim is frightened of – ex-partner/partner/family member
- Use gender neutral terms such as partner/ex-partner. By creating a safe, accessible environment any LGBT victims accessing the service will feel more able to disclose both domestic abuse and their sexual orientation or gender identity.

Once you have completed the RIC, the number of ‘yes’ ticks will determine whether or not the victim needs to be referred to MARAC. **See sections 5-8 below** for what to do next.

Good practice guidance on information sharing is available on the procedures sections of both the Sunderland Safeguarding Children Board^{WL02} and the Sunderland Safeguarding Adult Board^{WL03} webpages. All frontline staff working with children, young people or vulnerable adults should familiarise themselves with this guidance. See **Appendix 5** for the 7 golden roles for information sharing.

05 Case meets Multi-Agency Risk Assessment Conferences (MARAC) criteria (people aged 16 or over)

- Complete the DASH RIC and if it comes out with 14 ticks or more it meets the criteria for a referral to MARAC. Remember, if there are not 14 tick or more but you still think the victim is at serious risk of harm or death, you can still refer to MARAC on professional judgement.
- Be clear with the victim about confidentiality. You should always try and seek consent to make the referrals but for high risk victims, you can still refer to MARAC without consent if they are high risk.
- Complete the MARAC referral form at ^{WL04}
- Forward the MARAC referral form and the completed RIC to your agency's single point of contact (SPOC) for MARAC, who will check it and forward it to the MARAC co-ordinator on your behalf.
See ^{WL05}

Your Agency's MARAC SPOC is:

Name:

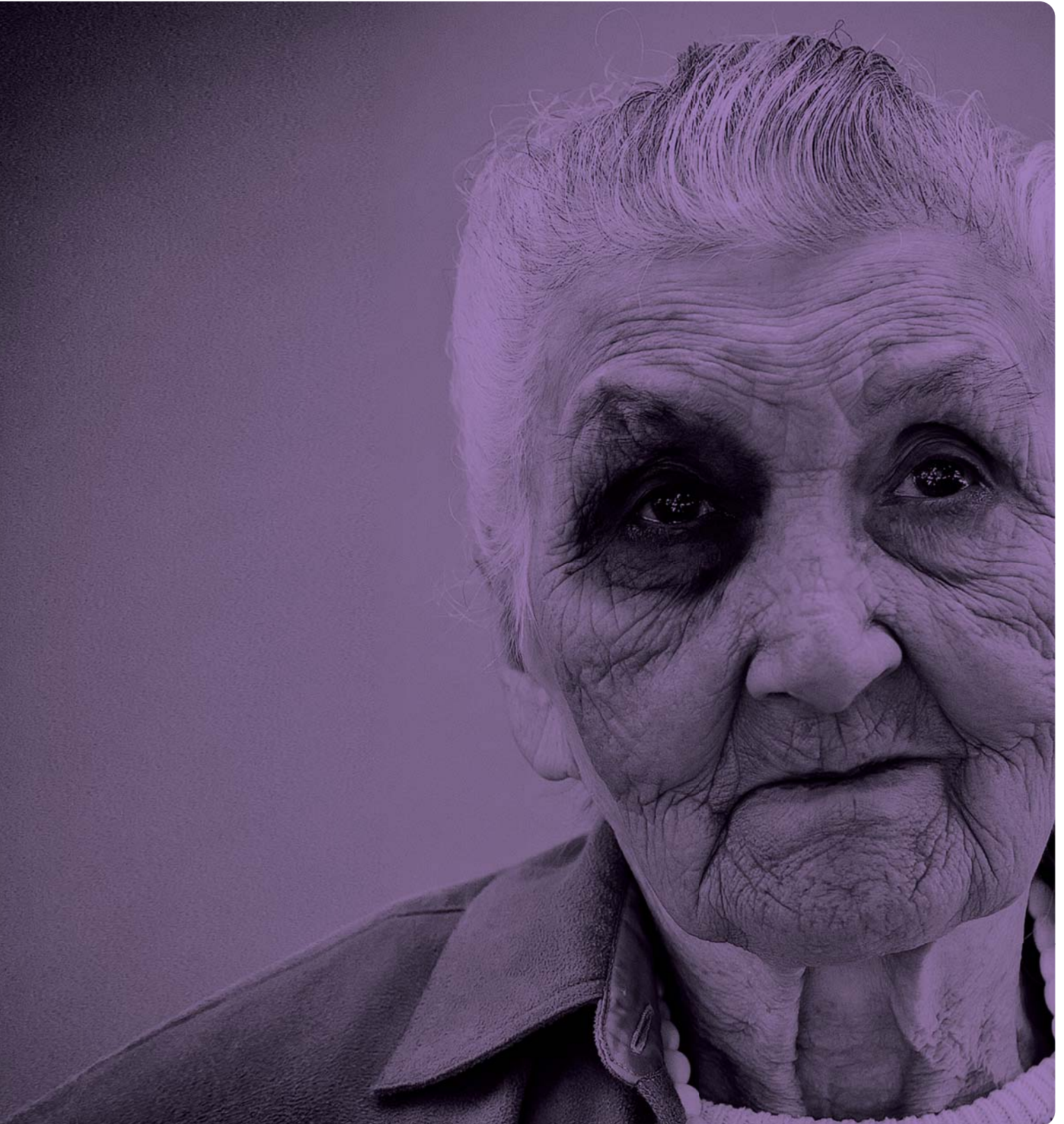
Tel:

Email:

- If your agency is not represented on MARAC then forward the MARAC referral form direct to the MARAC co-ordinator email: sunderland.marac@northumbria.pnn.police.uk
- As well as making a referral to MARAC, you MUST also make a referral to the Independent Domestic Violence Advisor (IDVA²) service. Tel: 0191 5658877 to request a copy of their referral form or email them at idva.team@wwin.cjsm.net. The IDVA will then contact the victim. You are also responsible for submitting a Child Concern Notification (or Children's Safeguarding Referral) if children are involved in the situation (see section 8).
- MARAC takes place every 2 weeks. They discuss the highest risk victims (those at serious risk of harm or death). Agencies share their information and the victim's views are presented by the IDVA.
- A safety/action plan is developed and MARAC partners should flag/tag their own systems to identify the victim is high risk and has been considered at MARAC.

- Advice is also available from the MARAC Co-ordinator, Tel. 101 Ext Number 45461 or email sunderland.marac@northumbria.pnn.police.uk

²The IDVA acts as an advocate for the victim, helps them assess their options and helps co-ordinate wrap-around support



06 Case meets safeguarding adults criteria

The Care Act 2014 cites **domestic abuse as a category of abuse** which is covered by Sunderland's multi-agency safeguarding adults' policy and procedures ^{WL06}.

The Statutory Guidance issued under the Care Act (October 2014), states that adult safeguarding **'means protecting an adult's right to live in safety, free from abuse and neglect'**³. Safeguarding duties apply to an adult who:

- 'has needs for care and support (whether or not the authority is meeting any of those needs)
- is experiencing, or is at risk of, abuse or neglect; and
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect'.

To make a safeguarding adult's alert you should complete the Safeguarding Enquiry Referral Form (SERF) downloadable at: ^{WL07}

If you have any queries or want advice on whether safeguarding procedures need to be invoked then Tel: 0191 520 5552 (anytime) ^{WL08}.

Your Agency Adults Safeguarding Lead is:

Name

Tel:

Email

³Section 14.7

07 Case does not meet MARAC or safeguarding adults criteria

If the risk assessment places the victims at a standard or medium risk level of domestic abuse (less than 14 ticks) and they don't meet the safeguarding adults criteria (as described in section 5 and 6) then you/your agency still have a duty to take action and support the victim. Don't assume someone else will do it.

Short term involvement:

- Consider immediate risks (see section 9 Box 4) and long term risks. Assess the victims needs and strengths
- Review any previous risks/decision-making in relation to domestic abuse or safeguarding adults – don't assume it remains the same. Risk can fluctuate and so you must approach risk assessment as an on-going review of static and dynamic risk factors
- Identify the victim's protective factors and how these could be strengthened
- Discuss basic safety planning ^{WL08} with alleged victim (**also see Appendix 1**)
- Ensure they know where to go for help if they need it and signpost/refer to specialist support services if needed (**see Appendix 2**)
- Share information with other relevant agencies with the victim's consent (e.g. you may be able to help them access housing options advice, training and employment options, legal advice etc.)
- Consider whether the case needs allocating to a longer term worker to keep them engaged
- Ensure recording is clear for future workers who may become involved.

Long-term involvement:

- Consider the immediate (see section 9 Box 4) and long-term risks. Assess the victims needs and strengths
- Victims who successfully make changes in their lives progress along a continuum of predictable stages of change (**see Appendix 3**) so **work with the victim to assess their readiness for change**
- Signpost/refer the victim to a specialist domestic abuse service e.g. Wearside Women in Need 0800 066 5555 if needed
- Share information with other relevant agencies with the victim's consent and follow-up on any referrals
- Risk can fluctuate so you must regularly revisit level of risk in case thresholds are met for a MARAC referral and/or safeguarding referral
- Domestic abuse is rarely as one-off incident and usually escalates in frequency and severity over time. Always assess the history and not just each incident in isolation
- Continue to work with the victim to assess their needs and to strengthen their protective factors and resilience.

08 Cases where children are involved (includes unborn babies through to young people aged under 18)

You should make a children's safeguarding referral for any child, including an unborn baby, who is living with domestic abuse.

Remember that children are always impacted by domestic abuse. They are at risk of significant harm by direct abuse, as well as from hearing, witnessing or intervening in incidents. This can be dealt with under multi-agency safeguarding children procedures.

It is also important to remember that children and young people who are subject to sexual exploitation or who go missing may do so as a consequence of domestic abuse. Links should be made to Sunderland's multi-agency Missing, Sexually Exploited and Trafficked (MSET) processes.

If you have concerns about the safety or welfare of a child or young person affected by domestic abuse you must contact Children's Safeguarding on 0191 520 5560 (available 8.30am to 5.15pm Monday - Thursday, 8.30am to 4.45pm Friday)

- The Out of Hours Team on 0191 520 5552 (also available 24 hours Saturday and Sunday)
- The process for a referral under the safeguarding children procedures is outlined at: ^{WL09}. Through this link, you can download and complete the Child Protection/Child in Need Referral Form ^{WL10}. You must send the referral form to the contact details listed on the front page of the form (which will go to the Children's Social Work Service)
- For further advice, speak to your agency's lead for children's safeguarding.

Your Children Safeguarding Lead is:

Name:

Tel:

Email:

If the child is **aged 16 or 17** you can also use the **young people's version of the RIC** ^{WL11} for a young person who is experiencing relationship abuse, including stalking and 'honour'-based violence. This document also explains the safeguarding duty in relation to young people. If assessed as high risk on the DASH RIC then a referral must also be made to MARAC (see section 4). You must still make a children's safeguarding referral even if a referral is made to MARAC for a high risk 16-17 year old.



09 Good practice guidance when responding to an adult victim of domestic abuse

What to do if you suspect that abuse is happening but it is not disclosed... and how to ask about it?

- When your suspicions are raised it is important that you act on them
- You could provide the only opportunity for the victim to tell someone. Remember it can be dangerous to ask about domestic abuse in front of anyone else, particularly a partner. A later opportunity should be identified to speak to the person alone or pass your concerns onto another professional who could also attempt to ask. Also, children who are able to speak may later mention the conversation. Ensure privacy – you are unlikely to receive a disclosure if someone might overhear
- Show the person you have time to listen – if you appear rushed or uninterested you are less likely to receive a disclosure. Make sure you **establish how long you have to talk**
- Find a quiet area to talk without disruptions
- Establish where the perpetrator currently is
- Make a note of the victim's safe contact details
- Reassure about confidentiality and explain the limits of this, e.g. "I'm going to ask you a question and I want you to know that whatever you tell me will go no further without your permission, unless I believe a child or vulnerable person is at risk"
- Begin with an open indirect question, e.g. "tell me how things are going"; "Are you alright?"
- Then use **framing questions** (see **Box 1** below) to offer an explanation for your questioning that places the victim's experiences in context e.g. "Because unfortunately domestic abuse is so common in our society I have started asking all of my clients/patients about it"
- Follow up with **direct questions** (see **Box 2** below) e.g. "I notice that you seem anxious/have some bruises/often miss appointments (whatever your concern is), is there anything happening at home that you are worried about?"
- It may be necessary to ask more than once, as many victims do not identify that they are experiencing abuse if it is not physical.

Box 1: Examples of initial 'framing questions':

- “Because unfortunately domestic abuse is so common in our society I have started asking all of my clients/patients about it”
- “I don’t know if this is a problem for you, but many of the clients/patients I see are dealing with abusive relationships. Some are too afraid or uncomfortable to bring it up themselves, so I’ve started asking about it routinely”
- “From past experience with other clients/patients, I’m concerned that some of your medical problems may be the result of someone hurting you. Is that happening”?
- “I’m sorry if somebody has already asked you about this, and I don’t want to cause you any offence, but I know 1 in 4 women experience violence or abuse from a partner and I’ve noticed...[that you have some injuries/house has been damaged]. So I’m just wondering if you need any help”?

Box 2: Examples of 'direct' questions to ask:

- “I notice that you seem anxious/have some bruises/often miss appointments (whatever your concern is), is there anything happening at home that you are worried about? Is someone hurting you”?
- “Is anything happening in your life that is making you feel unsafe”?
- “Has anyone at home hurt, hit or threatened you in any way”?
- “Do you feel safe in your relationship”?
- “Are you afraid of your partner? Do you feel you are in danger”?
- “Have you been physically hurt or threatened by your partner”?
- “Have you been hit or scared since the last time I saw you”?
- “Do you feel controlled or isolated by your partner”?
- “Does your partner ever try to control you by threatening to hurt you or your family”?
- “Has anyone close to you ever threatened or hurt you”?
- “What stresses do you experience in your relationships”?
- “Have there been situations in your relationship where you have felt afraid?”
- “You mentioned your partner’s problem with temper/stress/drinking/drug use. When that happens, has your partner ever threatened or hurt you”?

How to respond to an initial disclosure:

- Do not appear shocked.
- Be sensitive, respectful and listen carefully to what you are being told.
- Record what they tell you **in their own words**
- Seek to empower victims, not to take over or make decisions for them.
- Ask them what they want you to do.
- Remain non-judgemental – never imply that the victim is to blame for the abuse.
- Validate the victim's experience; tell them you are glad they told you.
- Give key validation statements (**see Box 3⁴**)

Box 3: Offer validation statements following a disclosure such as:

- "I am glad that you told me"
- "You are not alone"
- "You don't deserve to be hit or hurt like this"
- "I am concerned about your safety and wellbeing - there is help available for you"
- "Everyone deserves to feel safe at home and with their partner"
- "You are not to blame. Abuse happens to a lot of people, in all kinds of relationships. It tends to continue"

Address immediate safety issues:

- Ensure the immediate safety of the victim and anyone else in the family.
- Do not take any action that could place you or your colleagues at risk of violence.
- See **Box 4** for questions to help you assess any immediate safety issues
- Seek emergency assistance if needed.
- Discuss the use of the DASH RIC (risk assessment) and complete it (see section 4) or arrange a follow-on private appointment to do this, and discuss the possibility of sharing the information about the disclosure with other agencies/colleagues who could help.
- Discuss how the victim has/can keep themselves safe until the next time you meet.

⁴Taken from research by Dr. Jane Monkton-Smith (2014)

Box 4: Questions to ask to address immediate safety issues:

- Ask “When did this first start? When did it last happen”?
- “When was the first/worst/last time you were hurt or made to feel bad”?
- Ask if their friends and family aware of what is going on?
- “How have you been coping”?
- “Have you thought about or tried to make any changes to your situation”? “What did you do”? “What happened”? “What are you thinking you might do”? “When”?
- “What are you going to do next”? “How can I help”?
- Ask “Do you think you could be badly hurt by your partner today”?
- “Do you have somewhere safe to go to if you need to or in an emergency”?

What to do if the person doesn't want you to take any action:

- Consider issues of mental capacity⁵, coercion⁶, risks of significant harm
- Always leave the door open for future discussion e.g. “You can contact me in the future if you feel you need further help and support”
- Talk them through some basic safety planning
- Give them the 24/7 local helpline number 0800 066 5555 and see [Appendix 2](#) for contact details for local, regional and national help, advice and support agencies.

Assess the victim's readiness for change

- Frontline staff wanting to support victims of domestic abuse must look at/assess the readiness of the victim to be able to change their situation and tailor interventions and support to match the level of readiness identified
- [Appendix 3](#) sets out a list of effective interventions you can use according to the ‘stage of change’ the victim is at.

⁵Be aware that when it comes to mental capacity, an apparently unwise decision may be the result of coercion and controlling behaviour by the partner or other family member. Take advice from an Independent Mental Capacity Advisor (IMCA) or a Safeguarding Advocate who may be able to work alongside you or a specialist domestic abuse worker

⁶Workers need to be understand that the behaviour of the perpetrator impacts on the behaviour of the victim – so be aware of how this may influence the victim's own decision making, often leading to them making apparently capacitated but ‘unwise’ decisions (such as the decision to remain with an abusive partner). Do not just accept such a decision without fully exploring apparently ‘unwise’ decisions which might in fact be as a result of coercion by the abuser.

In ALL circumstances (for adults and children)

- Document decision-making and any actions taken to manage risk and any rationale for sharing or not sharing information
- Be aware of your professional role and consult with other partners to: clarify their roles and responsibilities; share information; and seek advice e.g. Police, health, housing, domestic abuse specialists
- **Follow up** any referrals
- **When signposting** to other agencies **always consider risks** associated with the perpetrator finding leaflets/letters etc.



10 Good practice guidance when responding to a child who is a victim of domestic abuse

Domestic abuse framing question for children (under 16):

To obtain accurate and reliable information from a child regarding a domestic abuse situation the language and questions must be appropriate for the child's age and developmental stage.

One example of a framing question could be: "We know that in many families, mums and dads have arguments and disagreements, does that ever happen in your family?" Professionals should not press a child for answers. Instead:

- Listen and believe what the child says;
- Reassure the child that the abuse is not their fault, and it is not their responsibility to stop it from happening
- Depending on their age, give several telephone numbers, including Childline, Northumbria Police and local domestic abuse services 0800 066 5555 (also see **Box 5**)
- Explain the limits of confidentiality and your safeguarding responsibilities.

Domestic abuse framing question for young people (16-17 years old):

- You can use the adult questioning techniques (see Boxes 1 and 2) and refer to domestic abuse specialist services
- Safety plan with young person
- Teenage pregnancy with domestic abuse is high risk. Both MARAC and child protection procedures should be initiated.

Box 5: Help and Support Agencies for Children and Young People

- **Children’s Safeguarding:** Tel: 0191 520 5560 (available 8.30am to 5.15pm Monday - Thursday, 8.30am to 4.45pm Friday). Or the Out of Hours Team on 0191 520 5552 (also available 24 hours Saturday and Sunday). To report a concern and make a referral to the Children’s Social Work Service please download and complete the Child Protection/Child in Need Referral Form ^{WL12}.
- **ChildLine:** Tel: 0800 1111. The number is free and won’t show up on your phone bill. The interactive website provides helpful support and advice ^{WL13}
- **NSPCC:** Tel: 0808 800 5000. This is a confidential number for children and young people. It is free on landlines and on most mobile phones. If you an adult and are worried about a child, you can Tel: 0800 800 5000 (24 hours) or visit ^{WL14}
- **The Hideout:** ^{WL15} The Hideout is Women’s Aid’s dedicated website which helps children and young people to understand domestic abuse, and how to take positive action if it is happening to you.
- **Disrespect NoBody:** ^{WL16} The new teenage relationship abuse campaign aimed at 12-18 year old boys and girls with the aim of preventing them from becoming perpetrators and victims of abusive relationships, by encouraging them to rethink their views of violence, abuse, controlling behaviour and what consent means within their relationships. This also includes a new discussion guide for those working with young people to facilitate discussions on these issues ^{WL17}.
- **Ebeat:** ^{WL18} has a section of their website targeted at young people. The ‘MyHub’ section includes info about teenage relationship abuse, bullying and other. Also watch the ‘you have the right’ film (see youtube) about healthy and unhealthy relationships and the support available to young people.

11 Good practice guidance when working with perpetrators of domestic abuse

Be alert to and be prepared to receive and clarify a disclosure about domestic abuse from an abusive person. However, remember that the majority of abusers will deny or minimise the abuse which they are perpetrating (e.g. by saying they have only hit their partner once, that the violence was mutual, out of character, or blamed on their intoxication).

Remember that any form of abuse is unacceptable and perpetrators often try and manipulate professionals as well as using children as a tool through which they can abuse the victim. Keep the perpetrator at the centre of professional attention and intervention. A perpetrator's need to exercise control over the victim will increase (not decrease) with professional intervention and they may attempt to manipulate child protection proceedings and staff.

Some perpetrators may also try and present themselves as victims. Try and distinguish between self-defence and abuse. If you are unsure in any way, seek advice from a specialist domestic abuse service such as Wearside Women in Need (0800 066 5555) or from the national RESPECT website, as they have tools/advice to help you distinguish who is the perpetrator and who is the victim.

You may have contact with a perpetrator directly or in the context of a family. They may present with a problem such as substance misuse, stress, depression or aggressive or offending behaviour, but without reference to abusive behaviour in the household or relationship.

Before seeking to clarify a disclosure from an alleged perpetrator, professionals should first of all take into account their own safety, the safety of any children, the safety of the victim and the safety of any other potential victims (such as ex-partners or extended family members).

Staff should also give consideration to their organisation's 'lone working policy' where a potential risk is identified for staff members, particularly when it is known that domestic abuse is a feature. Information sharing between agencies is especially important when referring to services who undertake home visits to allow for their agency to risk assess and put steps in place in line with their lone working policy.

RESPECT (0808 802 4040) take calls from men and women who are violent/abusive towards their partners in heterosexual or same-sex relationships. They also provide advice to frontline staff working with perpetrators; as well as victims wanting to find out what help is available for their abusive partner. Advice for frontline workers about working with domestic abuse perpetrator⁷ WL¹⁹ can include:

- which interventions are safe and most effective
- how domestic violence perpetrators may manipulate frontline workers in order to exercise power and control over their partners
- why anger management courses, mediation and couples counselling are not appropriate interventions for domestic violence perpetrators⁸
- contact details for local domestic violence perpetrator programmes and explain how they work (see box 6 and box 7 for more information).

⁷www.respectphoneline.org.uk/pages/frontline-workers-and-domestic-violence-perpetrators.html

⁸This is partly due to the power imbalance that is usually present in an abusive relationship. For example, where coercive control is present, the victim is unlikely to be able to advocate for themselves without fearing the response/reaction of their abusive partner.

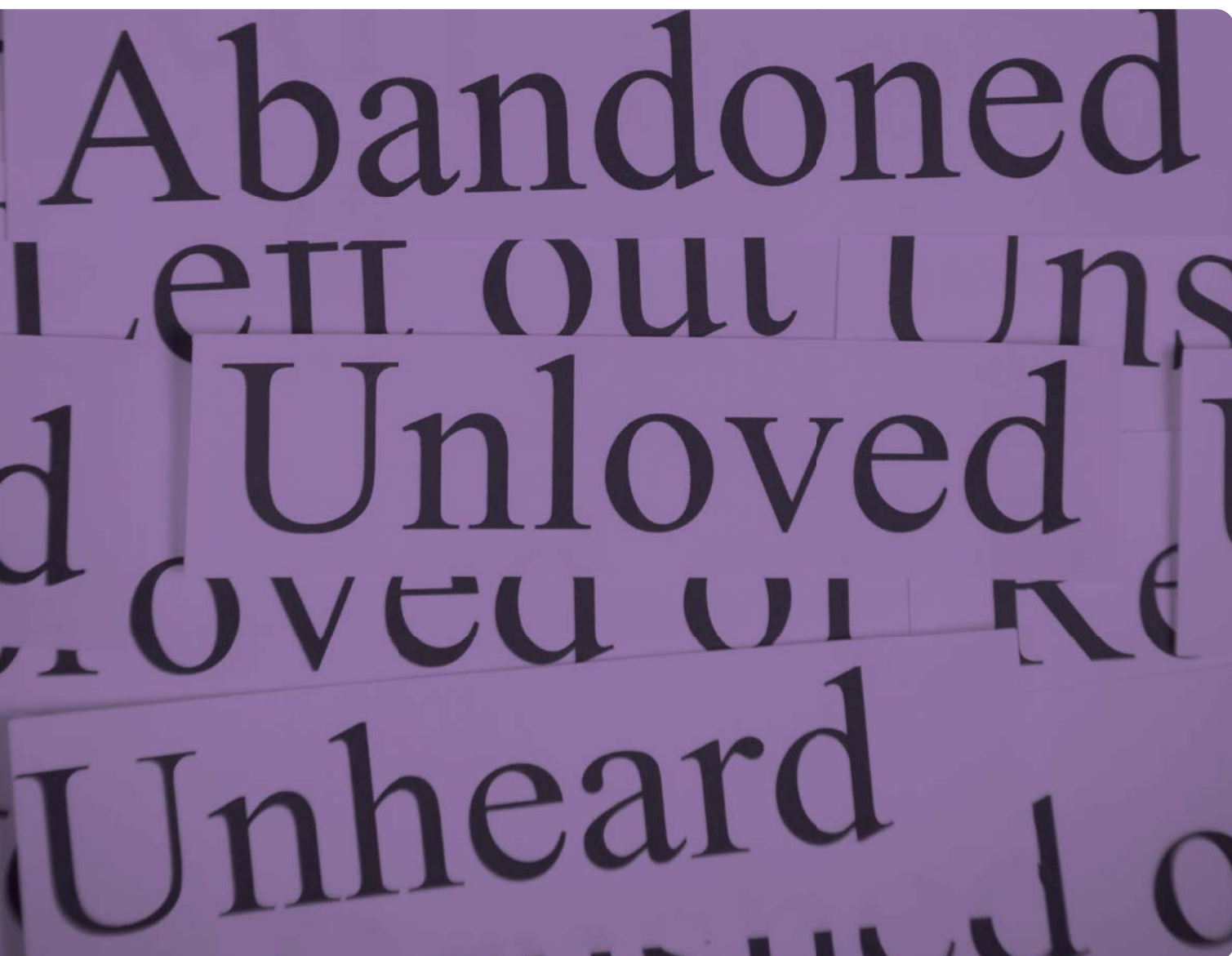
Box 6: Good practice in dealing with perpetrators:

- See the victim separately from the perpetrator when discussing abuse
- Ensure that separate workers are allocated to the perpetrator, victim and any children.
- Remember, and make clear to the perpetrator, that domestic abuse is about a range of abusive behaviours, not just physical abuse
- Address issues of substance misuse, mental ill health, childhood abuse or other stressors separately from the abuse they are perpetrating. These issues **must not** be used as an excuse
- Always ask yourself if any action you take will escalate the risk to the victim
- Responsibility for abuse must always lie with the perpetrator
- Be clear that abuse (in all its forms) is always unacceptable and is always a choice
- Be clear about what they alone need to do differently. Help the perpetrator to understand the costs and consequences around not changing
- Look for corroboration from other sources other than the victim and use these to challenge the perpetrator, rather than what the victim (or the children) has disclosed – don't challenge the perpetrator with info that could only have come from the victim
- Be clear with the perpetrator about the risks that their behaviour poses to the child(ren)
- Be clear about the limits to the perpetrator's confidentiality where children are at risk
- Don't collude with the perpetrator by allowing them to shape your views of the victims/victim's behaviour
- Don't be surprised if an apparently pleasant/compliant individual becomes aggressive when adequately challenged or if attempts to challenge become the focus of a complaint
- Maintain your own empathy for the victim and their children and understand that the perpetrator needs to develop a greater empathy for them
- Undertake risk assessments and put safety systems in place for staff working with perpetrators and ensure you have appropriate and effective supervision
- Remember that change is possible, but will require persistence.

King's College London has produced a framework for working safely and effectively with men who perpetrate intimate partner violence in substance use treatment settings ^{WL20}.

Box 7: Advice, Help and Support Agencies for Perpetrators:

- **RESPECT:** Tel: 0808 802 4040. A helpline for domestic abuse perpetrators and also frontline staff, which is free from landlines and most mobile phones ^{WL21}. They also have a range of resources for those working with domestic abuse perpetrators ^{WL22}.
- **BIG Programme:** Sunderland Domestic Abuse Perpetrators Programme. BIG is a partnership between Barnardo's, Impact Family Services and Gentoo to provide a voluntary perpetrator programme for men aged 18 and over who live within Sunderland. Working in partnership with Wearside Women in Need, who provide support to partners or ex partners of men attending the programme. The Safe Hands Project is also part of the BIG Programme which provides support to the children of perpetrators being worked with under BIG. Tel: 0191 567 8282 Fax: 0191 566 0629 Email: BIG@impactfs.co.uk



12 Summary of helpful tips to remember

Helpful tips to remember:

- Check your records for risk information or warnings
- Be aware of the signs of abuse, power, coercion and control (physical, emotional, financial, sexual, psychological)
- Never assume that someone else will take care of the domestic abuse issues or ask about it
- Make sure you follow the principles of safe enquiry – in private - or make a viable excuse to see the victim on their own. Get a safe contact number for the victim
- Ask a framing question then ask direct questions
- Keep the responsibility for the abuse explicitly with the perpetrator
- If there is disclosure, provide validation and deal with any immediate risks, including risks to other and yourself. Contact emergency services if required
- Discuss use of formal risk assessment tools and be in a position to assess and analyse risk
- Offer crisis interventions (call WWIN on 0800 066 5555) if needed
- Offer your on-going contact/support. Don't suggest or support anything that colludes with the abuse
- Discuss possible sharing of info with other services who can help, and be clear on confidentiality
- Discuss how the victim can keep safe until you next meet. Carry out basic safety planning
- Recognise victims will already be employing safety strategies (but may not realise this) to protect them and their children – validate and explore and build on what works best
- Risk is always changing and so risk assessment and safety planning needs to be an on-going discussion
- If children are at risk, follow the SSCB local safeguarding children procedures ^{WL23}
- If the adult is an 'Adult at Risk' (as defined by the Care Act 2014), follow the SSAB safeguarding adult procedures ^{WL24}
- Document your decision making and actions
- Provide consistency and continuity and recognise it will take time for their situation to change
- Keep engaged with the victim – act as an advocate with other support services. Follow-up referrals and don't allow cases to drift
- **Supporting victims and their children is everyone's responsibility.**

Appendix 1: Staying safe – basic safety planning advice⁹

Those experiencing violence will already have survival strategies they find effective. It is essential to acknowledge these and use them as guidance for your work. A safety plan is about allowing the victim to identify the options available to them within the context of their current circumstances not about you telling them what to do.

Some questions you can ask victims when helping them draw up a safety plan:

- Who can you tell about the violence who will not tell your partner/ex-partner?
- What do you currently do to keep you and your children safe? What works best?
- Do you have important phone numbers available e.g. family, friends, refuges, police?
- If you left, where could you go?
- Do you ever suspect when your partner is going to be violent or controlling? e.g. After drinking, when they get paid, after friends or relatives visit?
- When you suspect they are going to be violent can you go elsewhere?
- Can you keep a bag of spare clothes and things for the children (e.g. favourite toy, medicines, small treasured items, jewellery, spare keys, photo of the abuser etc.) at a friend's or family member's house?
- Are you able to keep copies of important papers with anyone else? e.g. passport, birth certificates (yours and children's), marriage certificate, benefits book, tenancy agreement, bank details, any proof of abuse, address book)
- Which part of the house do you feel safest in?
- Is there somewhere for your children to go when your partner is being violent and abusive?
- What is the most dangerous part of your house to be in when they are violent?
- Can you work out a signal to alert others you need help e.g. send a blank text, have a code word?)
- Can you try and keep in contact with friends or family and keep working, studying or get involved in activities so you are not isolated and can feel confident and can have some independence from your partner?

⁹Source: Adapted from AVA's guide for GLDVP 2008

Suggestions for increasing safety - in the relationship – for the victim’s safety plan¹⁰

- I will have important phone numbers available
- I will make sure my children (if old enough) know how to contact emergency services or friends/family for help
- I can tell _____ and _____ about the violence and ask them to call the police if they hear suspicious noises coming from my home.
- If I leave my home, I can go to (list three places):

- I can try and save some money and have a safe hiding place for it if I need to get away
- I will keep a list of important phone numbers in the hiding place with my money
- I can leave extra money, phone numbers, spare car keys, clothes, and copies of documents with _____
- When I leave, I will bring _____
- To ensure my safety and independence, I can: keep change for phone calls with me at all times; open my own savings account; rehearse my escape route with a support person; and review safety plan on _____ (date).
- When the violence begins I know which areas of the house I should avoid? e.g. Bathroom (no Exit, no phone), kitchen (potential weapons) . These are _____
- If I need medical treatment I can tell my GP _____ or hospital how my injuries were caused, and ask to have them noted in writing and photographed if possible so I have evidence if I need it in the future.

¹⁰Note: a written safety plan could be held by a trusted 3rd party if it is not safe for the victim to hold a copy in case the perpetrator finds it

Suggestions for increasing safety for the survivor - when the relationship is over

- I can: change the locks; install a security system, alarm, smoke detectors, door/window locks and outside lighting (help may be available via the police)
- I will inform _____ and _____ that my partner no longer lives with me and ask them to call the police if s/he is observed near my home or my children.
- I will tell people who take care of my children the names of those who have permission to pick them up. The people who have permission are: _____, _____ and _____
- I will put important phone numbers in my phone (e.g. support agencies 0800 066 5555)
- When I make phone calls I can use 141 so my number cannot be easily traced.
- I will get an answer machine and screen calls. I will keep any abusive messages (e.g. on my phone/social media) to show my solicitor/police
- I can tell _____ at work about my situation and ask _____ to screen my calls.
- I have checked if my workplace has a domestic abuse policy and have printed off a copy and safety stored it at _____
- I can avoid certain shops, banks, and _____ that I used when living with my abusive partner.
- I will talk to Wearside Women in Need (WWIN) Tel 0800 066 5555 as I know I can talk to them in confidence as they can provide a listening ear, advice, a safe place to stay, help me attend a support group
- I can get a non-molestation or exclusion or a restraining order
- If I feel down and ready to return to a potentially abusive situation, I can call _____ for support. I can also call:

Police _____

Helpline 0800 066 5555 _____

Friends _____

WWIN (emergency accommodation) Tel: 0800 066 5555 _____

Appendix 2:

Help advice and support agencies for domestic and sexual abuse

Victims, Friends and Family

- **Wearside Women in Need (WWIN):**

Tel: 0800 066 5555 (local 24/7helpline). WWIN support victims regardless of gender and sexuality and can also provide specialist support to BME victims. Support includes:

- 24/7 confidential helpline Tel: 0800 066 5555
- Outreach and floating support including group work (e.g. The Freedom Programme)
- The Independent Domestic Violence Advisors (IDVAs) who provide advocacy support to the highest risk victims
- A Washington-based refuge – offering 11 bedrooms (maximum 31 bed spaces). This one also specialises in supporting older women, women with learning difficulties and women involved in high risk child protection cases
- A Sunderland- based refuge – offering 7 bedrooms (maximum 17 bed spaces) – This one specialises in supporting women with mental health and/or substance dependency issues
- A Coalfields-based refuge – offering 10 units (maximum 41 bed spaces). This one specialises in supporting BME women/children, victims with older male children, and those with physical disabilities/infirmities
- The TZ Project, which offers specialised support to young abuse victims aged 16-18 and specialises in supporting younger victims of abuse including young lesbian/bi-sexual women and those vulnerable to sexual exploitation
- They are also able to access separate units of accommodation for male victims.

- **Women's Aid:** ^{WL25}

Tel: 0808 2000 247. The national 24 hour domestic abuse helpline

- **Northumbria Police:** ^{WL26}

Take domestic abuse very seriously. In an emergency always call 999 for immediate help. At other times ring 101 and ask for the crime desk. The Neighbourhood Policing Teams are also responsible for providing support to medium risk victims who report to the police. A Protecting Vulnerable People's (PVP) Unit is staffed by Police Officers who are specially trained to support victims of domestic and sexual abuse and investigate domestic and sexual abuse offences. They can also give advice about legal options; can take action against an abuser; and give advice on home security and other matters

- **Clare's Law:**
The Domestic Violence Disclosure Scheme is designed to provide victims with information that may protect them from an abusive situation before it ends in tragedy. The scheme allows the police to disclose information about a partner's previous history of domestic abuse or violent acts. An application can be made by ringing 101, visiting a police station or on-line at ^{WL27}
- **Victims First Northumbria¹¹:** ^{WL28}
An independent victim referral service. Tel 0800 011 3116 (Monday - Friday, 8am - 8pm and Saturday 9am - 5pm) or email enquiries@victimsfirstnorthumbria.org.uk
- **Impact Family Services:** ^{WL29}
Support women as part of a family court direction via CAFCASS (Child and Family Court and Advisory Support Service). They have a Women's Support Worker with a remit to support women who have been victims of domestic abuse and whose children are using the Child Contact Centre¹² for seeing the other parent who is a perpetrator of domestic abuse.
- These are also **wide-ranging mainstream services** who support those affected by domestic abuse including children's social care, adults social care, safeguarding, community safety, NHS primary and secondary care services such as GPs, midwives, A&E, community matrons etc., neighbourhood and 24/7 policing, relationship education in schools (at the school's own choice), homelessness services, Probation services, treatment services, awareness raising campaigns etc.

Male Victims

- **MALE:** ^{WL30}
Tel: 0808 801 0327 (Monday –Friday 10am-5pm) Confidential helpline to support male victims of domestic abuse
- **Community Counselling Cooperative**
Tel: 07549 698 050/49. Supporting male victims of domestic violence in Northumbria.
email: communitycounsellingcoop@gmail.com

LGBT Victims

- **Broken Rainbow:** ^{WL31}
Tel: 0300 999 5428. A service for LGBT people who are experiencing domestic abuse
- **Wearside Women in Need:**
Helpline Tel: 0800 066 5555 (24/7) support victims regardless of sexuality

Stalking

- The National Stalking Helpline provides guidance and information Tel: 0808 802 0300
- **Paladin:** ^{WL32}
National Stalking Advocacy Service www.paladinservice.co.uk Helpline: 0207 840 8960

¹¹www.victimsfirstnorthumbria.org.uk

¹²A Child Contact Centre is a safe, neutral venue for children to meet and have quality time with a parent they no longer live with

Forced Marriage and Honour Based Violence

- **Forced Marriage Helpline:** ^{WL33}
Tel: 0800 5999 247 (not 24 hours)
- **The Forced Marriage Unit:**
Tel: 020 7008 0151
- **The CHOICE helpline:**
Tel: 0800 5999 365
- **The Halo Project:** ^{WL34}
Tel 01642 683 045
- **Wearside Women in Need:**
Helpline Tel: 0800 066 5555 (24/7)
- **Angelou Centre:** ^{WL35}
(for BME women and children, women with no recourse to public funds). Outreach, advice and support. Tel 0191 226 0394

Female Genital Mutilation (FGM)

- FGM ^{WL36} is abuse and it is mandatory to report it. For further advice and guidance on FGM contact Police on 101 or Children's Social Care on Tel: 0191 520 5552 (anytime)

Sexual Assault and Sexual Abuse

- **Sunderland Counselling Services:** ^{WL37}
provide counselling services for male and female victims of childhood sexual violence or rape in adulthood. Tel: 0191 514 7007.
- **The Sexual Assault Referral Centre (SARC):**
Is a place where victims can receive help and advice and a forensic examination if they have been raped or seriously sexually assaulted. REACH ^{WL38} (Rape examination, advice, counselling and help) is the name of the SARC that is operated in the Northumbria Police area. REACH is a free, confidential counselling, advice and support service which helps women and men aged 16 or over who have been raped or sexually assaulted. It also has two forensic examination centres (the Ellis Fraser Suite is in Sunderland). Tel: 0191 221 9222 and ^{WL39}
- **Rape Crisis:** ^{WL40}
A national body that provides co-ordination for the rape crisis movement in England and Wales - the website lists local centres

Housing Advice:

- Housing advice and support ^{WL41}. If a victim has to leave their home because of threats, abuse or intimidation, you can help them to access safe accommodation such as refuges (Tel: 0800 066 5555) or temporary housing by contacting the Council's 'Access to Housing' service on 0191 520 5551. It may also be possible for the victim to stay in their own home if it is safe to do so, with additional home security. In terms of homelessness help from the council, if, as a homeless person, they can't stay in their home because of the situation, the council has to provide advice about finding somewhere to live and the victim may be entitled to emergency accommodation pending their enquiries. They will be asked to provide details of their situation and may be asked for supporting evidence. This evidence could include details and dates of incidents and reports from the police. A victim can take a friend or an adviser with them for support.
- For Gentoo tenants ^{WL42}, they have a dedicated team of Victim Support ^{WL43} Officers, who can provide victims with help and advice around housing issues including rehousing, home safety and signposting to refuge services. Tel: 0191 525 5000

Legal Advice

- Her Majesty's Courts and Tribunals Service (HMCTS) has a guide¹³ ^{WL44} (Domestic Violence: A Guide to Civil Remedies and Criminal Sanctions 2007) that sets out the civil remedies and criminal sanctions available through the courts to victims of domestic violence. It is intended for statutory and voluntary service providers who deal with the impact of domestic violence.
- Newcastle Law Centre, legal advice for victims of crime. Tel: 0191 230 4777
email: jayneedwards@newcastlelawcentre.co.uk
- There is a range of civil remedies available to victims of domestic abuse. Victims can choose to go down a family law route which remains private and confidential (especially if the victim does not want to report the abuse to the police). Holmes Family Law specialise in domestic abuse and will provide a free initial consultation to victims to help them explore their options. They operate a 24/7 advice line on 0191 500 9338. Alternatively, you can visit www.resolution.org.uk to access contact details for other specialist family lawyers.

Drug and Alcohol Services - Adults

- Substance Misuse (alcohol and drugs) services are provided through an integrated service to all adults (18 and over) who live, or intend to live, in Sunderland. This service is commissioned by Sunderland City Council, and provided by a consortium of services. Individuals can refer themselves to the service, be referred by their GP or other professional, or be referred by a family member or carer. Staff at the service will be happy to organise face-to-face appointments at venues that are convenient for the client. Service operating hours are Monday to Friday 9am-5pm (plus three late nights per week until 8pm), Saturday and Sunday 9am-1pm. To access these services, you can contact them on **0800 234 6798**. The helpline is available 24 hours a day.

¹³www.judiciary.gov.uk/wp-content/uploads/JCO/Documents/FJC/domestic-violence-guide-march07.pdf

Drug and Alcohol Services – Children and Young People

- The **Youth Drug and Alcohol Project (YDAP)** ^{WL45} is a partnership programme supported by Sunderland City Council, NHS South of Tyne and Wear and the Youth Justice Board. The team sits within Sunderland City Council Children’s Services and is comprised of qualified drugs workers (including NECA secondees), a Social Worker and a practice nurse. The service is aimed at young people aged 10-18 who require specialist advice and support to help overcome problems or difficulties relating to drugs or alcohol. They also offer more general advice and support on drugs and alcohol related matters to parents, carers, professionals and young people. Clients are usually seen within 10 days maximum from receipt of referral form ^{WL46}. YDAP is not an emergency service – if you are seriously concerned about the health and safety of a young person due to an alcohol or drugs-related incident, seek urgent medical assistance in the usual way. To contact YDAP, tel: 0191 561 2852; or E-mail: ydap.project@sunderland.gov.uk

Mental Health Services: Adults

- **Sunderland Psychological Wellbeing Service** (the Improving Access to Psychological Therapies IAPT programme ^{WL47}) is delivered by a range of providers in Sunderland and managed by Northumberland, Tyne and Wear NHS Foundation Trust (NTW). IAPT is an open access self-referral service and therefore can be accessed by anyone affected by DV, however intervention would only be provided for those experiencing mild to moderate mental health problems. The IAPT service refers severe cases to secondary mental health care services, while those requiring counselling services are referred to third sector organisations. Tel: 0191 566 5450 (main reception) or 0191 566 5454 (self-referral)
- **Washington Mind** ^{WL48} is a local independent charity offering a range of mental health and wellbeing services, as well as training of other agencies to respond to local need. Washington Mind accepts referrals from other agencies and self-referrals from victims of domestic abuse and is able to provide emotional support and counselling services. Tel: 0191 417 8043
- **Sunderland Mind** ^{WL49} is a local independent charity offering a range of mental health and wellbeing services. Sunderland Mind accepts referrals from other agencies and self-referrals from victims of domestic abuse and is able to provide emotional support and counselling services. Tel 0191 5657218 or 07961064117

Mental Health Services: Children and Young People

- **Children and Young People’s Service (CYPS)** is the NTW tier 3 service for children/young people. Because of the way children’s mental health is commissioned, domestic abuse is seen as a “special circumstance” and automatically go to CYPS (rather than the CAMHS tier 2 service) irrespective of the severity of their mental health issue. Tel: 0191 566 5500

Appendix 3: Stages of change and effective interventions

Stage 1: Pre-contemplative

This stage is typically characterised by denial, minimisation, feelings of hopelessness, defending the abuser, scapegoating or a belief that abuse is the victim's fate. This stage is often seen when a victim has been persuaded/made to seek help by a friend or professional. You can still make **effective interventions with the victim at the pre-contemplative stage**, e.g:

- Provide a space to talk safely
- Acknowledge they are not ready to make changes yet
- Emphasise you are not planning to 'pressurise' them (see 'Action' section)
- Offer what information you can to raise awareness to help them recognise that what they are experiencing is abuse
- Tell them no-one deserves to be abused
- Let them know that others have started where they are now
- Ask them to think about reasons they might have to consider a change
- Introduce the notion of risk
- Help them to develop a safety plan (if possible) as a way of addressing risk
- Reaffirm you are there to help
- Make arrangements to see them again.

Stage 2: Contemplative

This stage is typically characterised by a growing awareness of problems in the relationship, tentative disclosures to close friends/colleagues, the development of hazy or indefinite plans to take action in the next 6 months or so. This is often a lengthy stage of the change process with victims struggling with the reality of their situation, experiencing a great deal of anxiety about changing anything and worrying about the possible consequences of taking action. The victim is nonetheless starting to imagine/focus on what life could look like if... Other characteristics include asking questions, wishful thinking ('I wish I knew what to do differently') and procrastination. You can still make **effective interventions with the victim at the contemplative stage**, e.g:

- Provide a space to talk safely and to reflect
- Offer information on community resources including local helpline numbers
- Ask "Have you ever tried to make a change in the past?" and "What happened"?
- Help to identify the pros and cons of change
- Ask "What problems do you anticipate"?
- Discuss options to overcome their identified barriers
- Offer support ("I know you'll do the best you can...")
- Encourage them e.g. by reporting positive experiences with other victims, by offering info gained from reading/TV etc.
- Help them to develop/review a safety plan that acknowledges risks
- Make arrangements to see them again.

Stage 3: Preparation – involve specialist domestic abuse services

This stage is typically characterised by the victim being consciously aware of their problems and committed to taking action, usually within the next month. Some victims at this stage will have already taken action in the last 12 months but returned to this stage or the stage before. Small changes may nonetheless be under way, with the victim making plans and seeking out relevant information e.g. getting legal advice, gathering up the documentation needed to leave etc. Those who plan to leave are usually more successful than those who leave without a plan. You can make **effective interventions with the victim at the preparation stage**. These can include:

- Provide a space to talk safely and to prepare
- Recognise the value of specialised support services and offer a referral
- Ask "How can I best help you?"
- Provide full information – the positives and the possible negatives – so they are best prepared for the hurdles ahead
- Help them to set a target date to avoid premature/prolonged planning
- Help them to review their safety plan
- Help them to think about/plan for any escalation in risk
- Make arrangements to see them again.

Stage 4: Action – involve specialist domestic abuse services (risk levels increase at this stage)

This stage is typically characterised by victims who make the changes for which they have prepared. A strong commitment (of time/energy) and high activity levels mark this stage. This may include leaving the violent partner or asking them to leave. It may also include getting support from a local outreach service/support group or counsellor, or asking the perpetrator to get help. It may also involve getting a job, or attending training as a way of seeking further independence. Any activities that alter the abusive situation are counted as action here. **Remember, that this is a dangerous stage for victims of domestic abuse so always speak to a specialist service** e.g. WWIN 0800 066 5555 if a victim you are supporting is at the action stage. You can make **effective interventions with the victim at the action stage** for example:

- Provide a space to talk safely and to reflect
- Recognise the value of specialised support services and offer a referral to a refuge, outreach support, support group etc.
- Schedule follow-up visits/contact to reinforce behaviour
- Check for symptoms of 'return'
- Help them to review their safety plan
- Help them to identify/manage any escalation in risk
- Make arrangements to see them again.
- Remember: professionals often try to move victims to this action stage (e.g. especially where children are involved) but should note the likely impact on a victim's ability to maintain change.

Stage 5: Maintenance

This stage is typically characterised by the maintenance and consolidation of steps taken and can often be very difficult for the victim. Victims will often struggle/face numerous difficulties during this stage and often their ability to maintain the changes they have made will rely less on the thoroughness of their support plan than on the continuing availability of a support system. This is where an early exit from services such as refuges can look positive (e.g. getting their own home) but can undermine the changes the victim has taken. **You can make effective interventions with the victim at the maintenance stage**, for example:

- Leave the door to support/services open
- Encourage the victim to identify short term benefits or use short-term rewards to sustain motivation and maintain self-confidence
- Help them to anticipate situations that may trigger a return and to prepare coping strategies
- Be alert to symptoms of return and help the victim to see/respond.

Implications for Practice

Frontline staff wanting to support victims of domestic abuse must:

- Look at/assess the readiness of the victim to change
- Tailor interventions and support to match the level of readiness identified.

You can ask 2 key questions¹⁴ to help assess readiness to change:

1. Have you thought about making any changes in your current situation within the next 6 months?

2. Have you thought about making changes within the next 30 days

- No to the 1st question indicates the pre-contemplative stage
- No to the 2nd question indicates the contemplative stage
- Yes to the 2nd question indicates the preparation stage.

¹⁴Assessing Readiness to Change: Frasier et al (2000) and using the stages of change model to counsel victims of intimate partner violence' Fraser et al (2001)



Appendix 4: Links to on-line policies, referral forms, procedures, training and guidance

Safeguarding

- Sunderland Safeguarding Children Board ^{WL50} (SSCB) and SSCB on-line policies and procedures ^{WL51}
- Report a concern to Children's Safeguarding: Tel: 0191 520 5560 (available 8.30am to 5.15pm Monday - Thursday, 8.30am to 4.45pm Friday). Out of Hours Team on 0191 520 5552 (also available 24 hours Saturday and Sunday), or download and complete the Child Protection/Child in Need Referral Form ^{WL52}.
- Sunderland Safeguarding Adults Board ^{WL53} (SSAB) and SSAB online policies and procedures ^{WL54}
- To make a safeguarding Adults referral go to ^{WL55} and scroll down to the bottom of the page to download the safeguarding enquiry referral form (SERF) and submit it.
- Adult safeguarding and domestic abuse: LGA and ADASS guide for practitioners and managers ^{WL56}

Risk Assessment Forms and MARAC Forms

- Risk Identification Checklist (RIC), MARAC Referral Form and MARAC Consent Form ^{WL57}
- Young Person's Version of the DASH RIC ^{WL58}
- Adult Safeguarding enquiry referral form downloadable at: ^{WL59}

Safety Planning

- Women's Aid: Making a safety plan: ^{WL60}

Domestic Abuse Training, E-Learning and Other Useful Documents

- Face-to-face domestic abuse training ^{WL61} in Sunderland. Sunderland's e-learning module ^{WL62} on The Impact of Domestic Abuse on Children and Vulnerable People is a pre-requisite to this.
- The Toxic Trio: Domestic and sexual violence, problematic substance use and mental ill-health are three issues that often co-exist. And when they do, things can become complicated. AVA's 'Complicated matters': a toolkit ^{WL63} and e-learning programme are designed to 'un-complicate' matters by raising professionals' awareness about how the three issues interlink and reflecting on the most effective ways to engage with individuals and families who are affected by these issues.
- Working with Change Resistant Drinkers: Alcohol Concern's Blue Light Project Manual ^{WL64}

Appendix 5: Information sharing

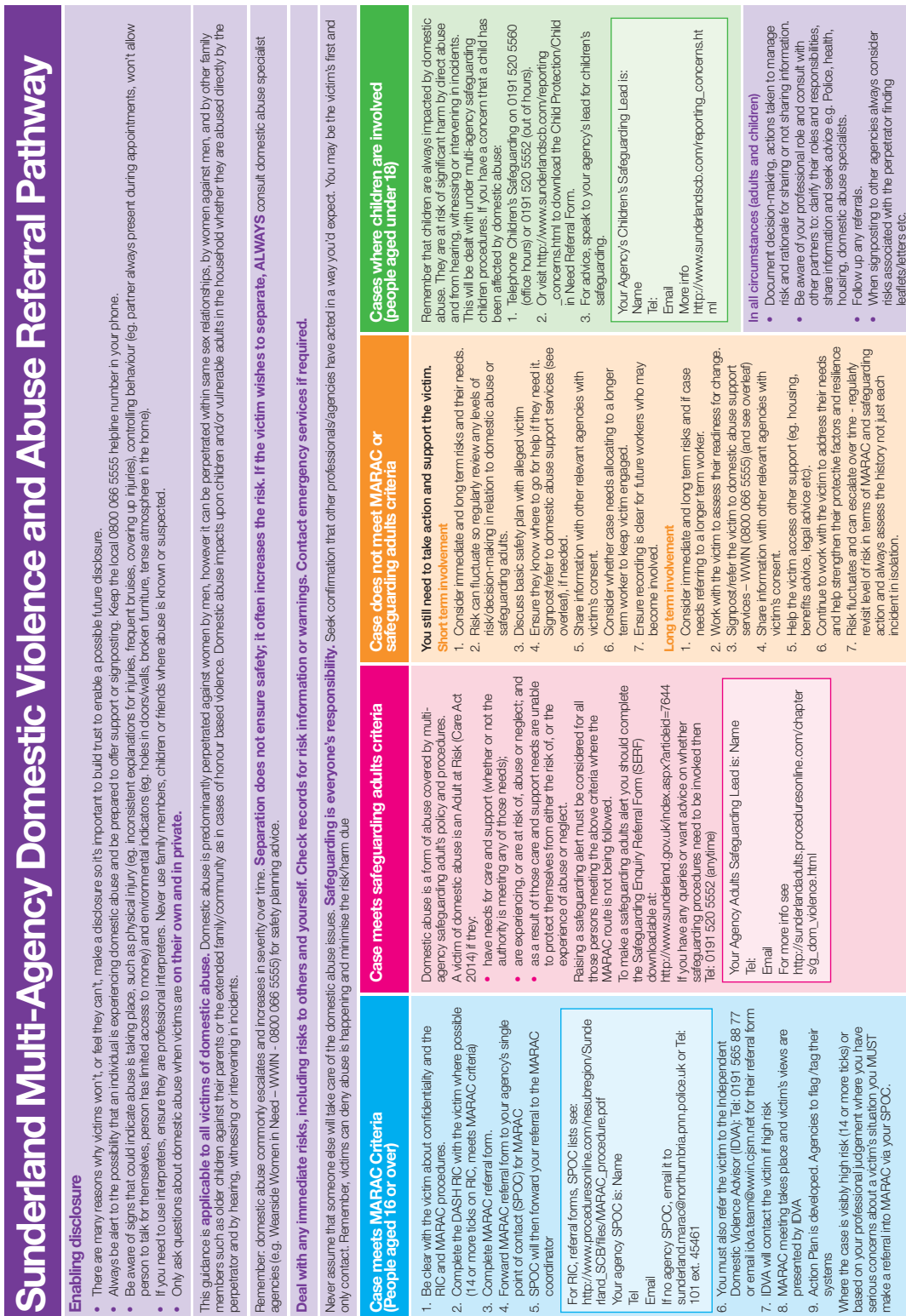
All staff working with children, young people or vulnerable adults should familiarise themselves with the safeguarding information sharing guidance:

- For children's safeguarding see: ^{WL65}
- For adult safeguarding Information Sharing and Confidentiality Agreement ^{WL66} on the SSAB on-line procedures website

The seven golden rules to sharing information:

- 01 Remember that the Data Protection Act 1998 and human rights law are not barriers to justified information sharing, but provide a framework to ensure that personal information about living individuals is shared appropriately.
- 02 Be open and honest with the individual (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
- 03 Seek advice from other practitioners if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible.
- 04 Share with informed consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, there is good reason to do so, such as where safety may be at risk. You will need to base your judgement on the facts of the case. When you are sharing or requesting personal information from someone, be certain of the basis upon which you are doing so. Where you have consent, be mindful that an individual might not expect information to be shared.
- 05 Consider safety and well-being: Base your information sharing decisions on considerations of the safety and well-being of the individual and others who may be affected by their actions.
- 06 Necessary, proportionate, relevant, adequate, accurate, timely and secure: Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those individuals who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely.
- 07 Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

Appendix 6: Referral pathway diagram



<p>Domestic abuse and other support services In an emergency always call 999</p>	<p>Northumbria Police 999 (emergency) or for advice and support call 101</p> <p>Wearside Women in Need (WWIN) (refuge accommodation, confidential helpline, outreach & locating support and IDVA services). Support for ALL victims (Tel: 0800 066 5555 (24/7)).</p> <p>Safeguarding Advice 0191 520 5560 or 0191 520 5552 (out of hours).</p> <p>Victims First Northumbria (independent victim referral service) 0800 011 3116 or email enquiries@victimsfirstnorthumbria.org.uk</p> <p>Women's Aid (national 24 hr domestic abuse helpline) 0808 2000 247.</p> <p>MALE (Confidential helpline to support male victims of domestic violence): 0808 801 0327 (Monday – Friday 10am-5pm)</p> <p>Forced Marriage Helpline 0800 5999 247 (24 hours).</p> <p>Broken Marriage Unit 020 7008 0151.</p> <p>Broken Rainbow (for LGBT people who are experiencing domestic violence) 0300 999 5428.</p> <p>Rape Crisis (provides co-ordination for the rape crisis movement in England and Wales - the website lists local centres).</p> <p>REACH (Rape examination, advice, counselling and help) 0191 221 9222.</p> <p>Sunderland Counselling Services (male and female victims of childhood sexual violence or rape in adulthood) 0191 514 7007.</p> <p>Angelou Centre (BME women and children, women with no recourse to public funds), Outreach, advice and support 0191 228 0384.</p> <p>The Halo Project (honour based violence) for information and advice 01642 683 045.</p> <p>The National Stalking Helpline provides guidance and information 0808 802 0300.</p> <p>Paladin - National Stalking Advocacy Service www.paladinadvocacy.co.uk Helpline 0207 840 8960</p> <p>Female Genital Mutilation (FGM). It is now mandatory to report suspected cases of FGM. If you suspect someone is at risk call Northumbria Police on 101.</p> <p>NSPCC Confidential number for children and young people 0808 800 5000.</p> <p>Sunderland City Council - Access to Housing 0191 520 5551</p> <p>Gentoo Victim Support Service 0191 525 5000</p> <p>Legal Advice - Holmes Family Law's 24/7 advice line 0191 500 9338, or Newcastle Law Centre 0191 230 4777 or www.resolution.org.uk</p> <p>Drug and Alcohol Helpline (Adults) 0800 234 6798 (24hrs a day) 0191 561 2652</p> <p>Mental Health Advice (Adults) 0191 566 5450 or 0191 566 5454</p> <p>Washington MIND 0191 417 8043</p> <p>Sunderland MIND 0191 565 7218 or 07361 064 117</p> <p>Mental Health Advice (Children and young people) 0191 566 5500</p>	<p>Good practice guidance when responding to an adult victim of domestic abuse</p>	<p>What do you do if you suspect that abuse is happening but it is not disclosed, and how do you ask about it?</p> <ul style="list-style-type: none"> When your suspicions are raised it is important that you act on them. You could provide the only opportunity for the victim to tell someone. Remember it can be dangerous to ask about domestic abuse in front of anyone else, particularly a partner. A later opportunity should be identified to speak to the person alone or pass your concerns onto another professional who could also attempt to ask. Also, children who are able to speak may later mention the conversation. Ensure privacy – you are unlikely to receive a disclosure if someone might overhear. Show the person you have time to listen – if you appear rushed or uninterested you are less likely to receive a disclosure. Make sure you establish how long you have to talk Find a quiet area to talk without disruptions. Establish where the perpetrator currently is. Reassure about confidentiality and explain the limits of this, eg "I'm going to ask you a question and I want you to know that whatever you tell me will go no further without your permission, unless I believe a child or vulnerable person is at risk". Begin with an open indirect question, eg "Are you alright?"; "Is everything OK at the moment?" Then use framing questions eg "Because domestic abuse is so common in our society I have started asking all of my clients/patients about it". Follow up with direct questions eg "I notice that you seem anxious/have some blues/often miss appointments (whatever your concern is), is there anything happening at home that you are worried about? Is anything happening in your life that is making you feel unsafe? Is someone hurting you?" It may be necessary to ask more than once, as many victims do not identify that they are experiencing abuse if it is not physical. <p>How to respond to an initial disclosure:</p> <ul style="list-style-type: none"> Do not appear shocked. Be sensitive, respectful and listen carefully to what you are being told. Record what they tell you in their own words. Seek to empower victims, not to take over or make decisions for them. Ask them what they want you to do. Remain non-judgemental – never imply that the victim is to blame for the abuse. Validate the victim's experience and give key validation statements eg "I am glad that you told you", "You are not alone", "You don't deserve to be hit or hurt like this, there's help available". Keep the responsibility for the abuse explicitly with the perpetrator. Document your decision making and actions. <p>Address immediate safety issues:</p> <ul style="list-style-type: none"> Ensure the immediate safety of the victim and anyone else in the family. Ask if they have somewhere safe to go in an emergency Do not take any action that could place you or your colleagues at risk of violence. Seek emergency assistance if needed. Discuss the use of the DASH RIC (see overview) or arrange a follow-on private appointment to do this, and discuss the possibility of sharing the information about the disclosure with others who could help. Offer your ongoing contact. Carry out basis safety planning by discussing how the victim has/can keep themselves safe until the next time you meet. Always get safe contact details for the victim. 	<p>Good practice guidance when responding to a child who is a victim of domestic abuse</p>	<p>To obtain accurate and reliable information from a child regarding a domestic abuse situation the language and questions must be appropriate for the child's age and developmental stage.</p> <p>Domestic abuse framing question for children (under 16) could include:</p> <p>"We know that in many families, mums and dads have arguments and disagreements, does that ever happen in your family?"</p> <p>Professionals should not press a child for answers. Instead:</p> <ul style="list-style-type: none"> Listen and believe what the child says; Reassure the children that the abuse is not their fault, and it is not their responsibility to stop it from happening; Give several telephone numbers, including Childline (0800 1111), Northumbria Police (101) and local domestic abuse services (0800 066 5555). Explain the limits of confidentiality and your safeguarding responsibilities. Make a children's safeguarding referral for any child who is living with or experiencing domestic abuse. <p>For young people (16-17years old):</p> <ul style="list-style-type: none"> Use the adult questioning techniques and refer them to domestic abuse specialist services. Safety plan with young person Make a children's safeguarding referral and refer into MARAC if high risk. Remember that teenage pregnancy with domestic abuse is high risk. 	<p>Good practice guidance when working with perpetrators of Domestic Abuse</p> <p>Be alert to and prepared to receive and clarify a disclosure about domestic violence from an abusive person. However, remember that the majority of abusers will deny or minimise the domestic violence which they are perpetrating.</p> <p>You may have contact with a perpetrator directly or in the context of a family. They may present with a problem such as substance misuse, stress, depression or aggressive or offending behaviour – without reference to abusive behaviour in the household or relationship.</p> <p>Before seeking to clarify a disclosure from an alleged perpetrator, professionals should first of all take into account their own safety, the safety of any children, the safety of the victim and the safety of any other potential victims (such as ex-partners or extended family members).</p> <p>The most effective way to alter abusive behaviour is for the perpetrator to attend a structured perpetrator programme which includes education, as well as challenging behaviours and beliefs about gender and relationships in order to change their behaviour. Do not refer perpetrators to anger management courses and do not recommend couples counselling, mediation or restorative justice. There is a national helpline for domestic abuse perpetrators run by RESPECT 0808 802 4040. In Sunderland, the accredited perpetrator programme is The Big Programme, Tel: 0191 567 8282 Fax: 0191 566 0629 Email: BIG@impacts.co.uk</p>
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Appendix 7:

Reference list for key Web Links (WL)

- WL01** The DASH RIC
http://www.proceduresonline.com/nesubregion/Sunderland_SCB/files/MARAC_procedure.pdf
- WL02** SSCB Information Sharing Procedures
http://sunderlandscb.proceduresonline.com/chapters/p_info_sharing.html
- WL03** SSAB Information Sharing Procedures
http://sunderlandadults.proceduresonline.com/chapters/p_info_sharing_confid.html
- WL04** MARAC Referral From
http://www.proceduresonline.com/nesubregion/Sunderland_SCB/files/MARAC_procedure.pdf
- WL05** MARAC procedures
http://www.proceduresonline.com/nesubregion/Sunderland_SCB/files/MARAC_procedure.pdf
- WL06** Domestic Violence and Safeguarding Adults, including Forced Marriage
http://sunderlandadults.proceduresonline.com/chapters/g_dom_violence.html
- WL07** Safeguarding Enquiry Referral Form (SERF) for adults
[http://www.sunderland.gov.uk/CHttpHandler.ashx?id=16642&p=0&fsize=237kb&ftype=Adult Safeguarding Enquiry Referral Form \(SERF\).WORD](http://www.sunderland.gov.uk/CHttpHandler.ashx?id=16642&p=0&fsize=237kb&ftype=AdultSafeguardingEnquiryReferralForm(SERF).WORD)
- WL08** Basic safety planning advice from Women's Aid <https://www.womensaid.org.uk/the-survivors-handbook/making-a-safety-plan/>
- WL09** Reporting a concern about a child http://www.sunderlandscb.com/reporting_concerns.html
- WL10** Child Protection/Child in Need Referral Form
http://www.sunderlandscb.com/reporting_concerns.html
- WL11** Young person's version of the DASH RIC
<http://www.safelives.org.uk/sites/default/files/resources/YP%20RIC%20no%20guidance%20FINAL.pdf>
- WL12** Child Protection/Child in Need Referral Form
http://www.sunderlandscb.com/reporting_concerns.html
- WL13** Childline www.childline.org.uk
- WL14** NSPCC www.nspcc.org.uk
- WL15** The Hideout <http://www.thehideout.org.uk/>
- WL16** Disrespect Nobody <https://www.disrespectnobody.co.uk/>
- WL17** PHSE Discussion Guide on teenage relationship abuse for those working with young people
<https://www.pshe-association.org.uk/curriculum-and-resources/resources/disrespect-nobody-discussion-guide>

- WL18** Ebeat teaching resources on teenage relationship abuse including the 'I Have the Right' film
<http://www.ebeat.org.uk/myres/teachers/teenabuse/index.html>
- WL19** Advice for frontline workers about working with domestic abuse perpetrators
<http://www.respectphoneline.org.uk/pages/frontline-workers-and-domestic-violence-perpetrators.html>
- WL20** Framework for working safely and effectively with men who perpetrate intimate partner violence in substance misuse treatment settings
<https://www.kcl.ac.uk/ioppn/depts/addictions/research/drugs/Capabilities-Framework-Final.pdf>
- WL21** RESPECT <http://www.respectphoneline.org.uk/>
- WL22** Resources for those working with domestic abuse perpetrators
<http://www.respectphoneline.org.uk/pages/resources-for-working-with-domestic-violence-perpetrators.html>
- WL23** SSCB local safeguarding children procedures <http://www.sunderlandscb.com/>
- WL24** SSAB safeguarding adult procedures <http://sunderlandadults.proceduresonline.com/>
- WL25** Women's Aid <https://www.womensaid.org.uk/>
- WL26** Northumbria Police <http://www.northumbria.police.uk/>
- WL27** Clare's Law Application
http://www.northumbria.police.uk/services/clares_law_domestic_violence_disclosure_scheme/
- WL28** Victims First Northumbria <http://www.victimfirstnorthumbria.org.uk/>
- WL29** Impact Family Services <http://www.impactfs.co.uk/>
- WL30** MALE <http://www.mensadviceline.org.uk/>
- WL31** Broken Rainbow <http://www.brokenrainbow.org.uk/help/helpline>
- WL32** Paladin <http://paladinservice.co.uk/>
- WL33** Forced Marriage Helpline <http://www.karmanirvana.org.uk/>
- WL34** The Halo Project <http://www.haloproject.org.uk/>
- WL35** Angelou Centre <http://angelou-centre.org.uk/>
- WL36** Female Genital Mutilation <https://www.gov.uk/female-genital-mutilation-help-advice>
- WL37** Sunderland Counselling Services <http://www.sunderlandcounselling.org.uk/>
- WL38** REACH <http://www.reachsarc.org.uk/>
- WL39** Rape, Examination, Advice, Counselling and Help (REACH) information booklet
http://www.reachsarc.org.uk/download/reach_booklet.pdf
- WL40** Rape Crisis <http://rapecrisis.org.uk/>
- WL41** Housing Advice and Support (Sunderland City Council)
<http://www.sunderland.gov.uk/index.aspx?articleid=952>

- WL42** Advice for Gentoo tenants affected by domestic abuse <http://www.gentoo.org.uk/for-customers/products-and-services/keeping-you-safe/domestic-abuse/>
- WL43** Gentoo's Victim Support Service <http://www.gentoo.org.uk/for-customers/products-and-services/keeping-you-safe/victim-support/>
- WL44** Domestic Violence: A Guide to Civil Remedies and Criminal Sanctions 2007
<https://www.judiciary.gov.uk/wp-content/uploads/JCO/Documents/FJC/domestic-violence-guide-march07.pdf>
- WL45** Youth Drug and Alcohol Project (YDAP) <http://www.yourhealthsunderland.com/ydap/>
- WL46** YDAP Referral Form <http://www.yourhealthsunderland.com/wp-content/uploads/2011/05/Referral-Form-YDAP-March11.pdf>
- WL47** Improving Access to Psychological Therapies (IAPT Programme)
<http://www.nth.nhs.uk/sd.php?l=2&d=8&sm=28&id=90>
- WL48** Washington MIND <http://www.washingtonmind.org.uk/>
- WL49** Sunderland MIND <http://www.sunderlandmind.co.uk/>
- WL50** Sunderland safeguarding Children Board (SSCB) <http://www.sunderlandscb.com/>
- WL51** SSCB on-line policies and procedures <http://sunderlandscb.proceduresonline.com/index.htm>
- WL52** Child Protection/Child In Need Referral Form
http://www.sunderlandscb.com/reporting_concerns.html
- WL53** Sunderland Safeguarding Adults Board (SSAB)
<http://www.sunderland.gov.uk/index.aspx?articleid=7635>
- WL54** SSAB on-line policies and procedures <http://sunderlandadults.proceduresonline.com/>
- WL55** Safeguarding Enquiry Referral Form (SERF) for adults available to download (scroll down to bottom of this web page) <http://www.sunderland.gov.uk/index.aspx?articleid=7644>
- WL56** LGA and ADASS guide for practitioners and managers
http://www.local.gov.uk/c/document_library/get_file?uuid=5928377b-8eb3-4518-84ac-61ea6e19a026&groupId=10180
- WL57** DASH RIC, MARAC referral Form and MARAC Consent Form
http://www.proceduresonline.com/nesubregion/Sunderland_SCB/files/MARAC_procedure.pdf
- WL58** Young person's DASH RIC
<http://www.safelives.org.uk/sites/default/files/resources/YP%20RIC%20no%20guidance%20FINAL.pdf>
- WL59** Safeguarding Enquiry Referral Form (SERF) for adults
[http://www.sunderland.gov.uk/CHttpHandler.ashx?id=16642&p=0&fsize=237kb&ftype=Adult Safeguarding Enquiry Referral Form \(SERF\).WORD](http://www.sunderland.gov.uk/CHttpHandler.ashx?id=16642&p=0&fsize=237kb&ftype=Adult%20Safeguarding%20Enquiry%20Referral%20Form%20(SERF).WORD)
- WL60** Women's Aid: Making a safety plan <https://www.womensaid.org.uk/the-survivors-handbook/making-a-safety-plan/>
- WL61** How to book onto domestic abuse training in Sunderland
<http://www.sunderland.gov.uk/index.aspx?articleid=10586>

- WL62** Domestic abuse e-learning http://www.sunderlandscb.com/pr_elearn.html
- WL63** AVA's Complicated Matters toolkit on the toxic trio <http://elearning.avaproject.org.uk/>
- WL64** Working with Change Resistant Drinkers: Alcohol Concerns Blue Light Project Manual
<http://www.alcoholconcern.org.uk/wp-content/uploads/2015/01/Alcohol-Concern-Blue-Light-Project-Manual.pdf>
- WL65** SSCB Information Sharing
http://sunderlandscb.proceduresonline.com/chapters/p_info_sharing.html
- WL66** SSAB Information Sharing
http://sunderlandadults.proceduresonline.com/chapters/p_info_sharing_confid.html



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