

DOCUMENT TITLE:	POLICY AND PRACTICE GUIDELINES FOR DOMESTIC ABUSE
DOCUMENT NUMBER:	ELHT/C112 Version 2.5

DOCUMENT PURPOSE:	<p>To ensure that all staff are aware of how to identify cases of domestic abuse, and are equipped with the knowledge to manage the risks.</p> <p>To outline the arrangements for managing the risks associated with domestic abuse.</p>
SUPPORTING REFERENCES	<ul style="list-style-type: none"> ▪ Association of Directors of Social Services, 1991, Adults at Risk ▪ Data Protection Act 1998 ▪ Human Rights Act 1998 ▪ The Care Act 2005 ▪ HSC 2000/007 No Secrets: Guidance on developing & implementing multi-agency policies & procedures to protect vulnerable adults from abuse. ▪ Campell J, Consequences of Intimate Partner Violence, The Lancet 359: 1331 – 1336 (2002) ▪ Safety & Justice: sharing personal information in the context of domestic abuse – an overview (2004) Home Office ▪ Mental Capacity Act and Draft Code of Practice, 2005 ▪ Domestic Violence: the role of health professionals, DoH, 2006. ▪ Responding to domestic abuse. A handbook for health professionals (DOH 2006) ▪ Caada (co-ordinated action against domestic abuse) (CAADA 2009) multi-agency risk assessment conferences – implementation guide 2nd edition March 2007 ▪ Saving Lives, Saving Money: MARAC and High Risk Domestic Abuse. Bristol. CAADA (2010) ▪ Saving Lives, Saving Money: MARAC and High Risk Domestic Abuse. Bristol. CAADA (2010) ▪ Responding to violence against women and children – the role of the NHS The report of the Taskforce on the Health Aspects of Violence Against Women and Children. March 2010. ▪ Striking the Balance: United Kingdom Council of Caldicott

	<p>Guardians – April 2012</p> <ul style="list-style-type: none"> ▪ A Call to End Violence Against Women and Girls Action Plan 2013 – HM Government ▪ Newsletters
TARGET AUDIENCE:	All Trust Personnel
DISTRIBUTION:	All Trust policy manuals and intranet
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EXECUTIVE DIRECTOR RESPONSIBLE:	Deputy Chief Executive and Director of Clinical Care and Governance
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1.0 INTRODUCTION

1.1 East Lancashire Hospitals NHS Trust (“the Trust”) is committed to raising awareness of domestic violence and providing guidance for employees and managers to address the occurrence of domestic violence and its effects in the workplace.

2.0 POLICY STATEMENT

2.1 This is a document intended to outline the Trust’s approach to the risks of potential or actual domestic abuse.

2.2 East Lancashire Hospitals NHS Trust is committed to protecting our service users and staff from harm or injury and does recognise that domestic abuse is a crime, which adversely affects the health of individuals, families and communities.

3.0 BACKGROUND

3.1 Domestic abuse is an intractable and widespread problem. Two women per week are killed by their current or ex-partner. *Smith, K., Osborne, S., Lau, I. & Britton, A. (eds.) (2012) ‘Homicides, Firearm Offences and Intimate Violence 2010/11: Supplementary Volume 2, to Crime in England and Wales 2010/11’.* London: Home Office.

3.2 Financial costs the tax payer estimated at £3.9bn per year, with high risk domestic abuse making up nearly £2.4bn of this according to Co-ordinated Action Against Domestic Abuse (CAADA) *‘Saving lives, saving money: MARACs and high risk domestic abuse’.* Bristol: CAADA. (2010)

3.3 Domestic abuse has a negative impact on the health and wellbeing of victims. *Campbell, J. (2002) ‘Health consequences of intimate partner violence’ The Lancet, 359: 1331-36.*

3.4 Over recent years, domestic abuse services for victims have changed nationally. The national model prioritises victims at high risk of serious harm or murder. The model depends upon specialist support from trained advisors called Independent Domestic Violence Advisors (IDVAs) and Agencies working together through information sharing and the work of Multi-Agency Risk Assessment Conference (MARAC).

3.5 MARAC meetings locally are chaired by Lancashire Constabulary. Statutory and voluntary sector partners work together to share information on the highest risk cases to develop a safety plan. East Lancashire Hospitals Trust is represented at local MARAC meetings.

3.6 Through the work of 260 MARACs operating nationally over the last 12 months more than 43,000 adults living with 57,000 children were supported by this model.

4.0 PURPOSE

4.1 The Trust recognises that domestic abuse is a serious issue within society which affects the lives of many people, both nationally and locally. The Trust is committed to assisting service users and staff who are involved in, or are the victims of, domestic abuse and/or where the effect of domestic abuse has become apparent in the workplace. The Trust's managers will provide a confidential, sympathetic and supportive response to staff who experience domestic abuse.

4.2 This policy also covers the approach to be taken where there are concerns that a service user or an employee may be the victim or perpetrator of domestic violence.

4.3 It is anticipated that the Trust will create a safer workplace and safe services, by working to an effective domestic abuse policy to reduce the associated risks and send out a strong message that domestic violence is unacceptable.

5.0 SCOPE

5.1 According to *Responding to violence against women and children – the role of the NHS The report of the Taskforce on the Health Aspects of Violence Against Women and Children.* March 2010.

5.2 All NHS staff should have – and apply – a clear understanding of the risk factors for violence and abuse, and recognise the consequences of violence for health and well-being by:

- appropriate basic education and training of all staff to meet the needs of victims and children who have experienced violence and abuse; e.g. included in Safeguarding training.
- more advanced education and training of 'first contact' staff and those working in specialities with an increased likelihood of caring for women and children who have experienced violence or abuse; e.g. maternity & ED/UCC staff.
- staff awareness of the associations and presentations of violence and abuse and how to broach the issue sensitively and confidently with service users.

6.0 East Lancashire Hospitals NHS Trust Commitment

6.1 Ensuring that domestic abuse is recognised, and that both service users and staff are provided with information and support to minimise their risk.

6.2 The Trust intends to make assistance available to any service user or employee involved in domestic violence. This assistance may include; confidential means for disclosures signposting to resource and referral information, special

considerations in service delivery for service users, and for staff; workplace safety; work schedule adjustments necessary to keep staff safe.

6.3 The Trust recognises the serious, adverse effect that domestic abuse has on children who live in a violent household and the potential for both short and long term damage to their health. Within this context the Trust acknowledges their child protection responsibilities.

6.4 Recognise the risks of abuse/neglect to an unborn child.

6.5 Have in place appropriate management systems for safeguarding vulnerable adults and children at risk of domestic abuse which are informed by risk assessments and analysis of incidents

6.6 To ensuring that service users have consistent quality responses to domestic abuse and related issues, and that protection and prevention are key features of the response.

6.7 To collaborating with Lancashire and Blackburn with Darwen domestic abuse partnerships overarching policies and all local agencies.

6.8 To partnership working with agencies for the purpose of Multi-agency Risk-Assessment Conferences (MARAC).

6.9 All staff will be expected to comply with all ELHT Safeguarding Policies and procedures.

7.0 DEFINITION

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

Home Office 31st March 2013.

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

- Physical
- Sexual
- Psychological / Emotional
- Financial or material
- Neglect or acts of omission
- Discriminatory
- Forced marriage
- Honour Based Violence
- Female genital mutilation
- Grooming/Sexual exploitation

Any or all of these categories of abuse may be perpetrated as a result of deliberate intent, through coercion, negligence or ignorance.

7.3 'Controlling behaviour is: a range of acts intended 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 and escape and regulating their everyday behaviour'.

7.4 '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.'

7.5 This definition, which is not a legal definition, includes so called 'honour' based violence, female genital mutilation (FGM) and forced marriage, and is clear that victims are not confined to one gender or ethnic group (Home Office, 2012).

www.homeoffice.gov.uk/crime/violence...girls/domestic-violence/ [accessed 26th November 2012.]

7.6 Abuse can occur in any relationship and may result in significant harm or exploitation of the person subjected to the abuse. It may consist of isolated incidents or long term persuasive ill treatment, coercion and control.

7.7 People with learning disabilities, mental health problems, older people and people with impairment are included in this definition, particularly when their situation is complicated by additional factors such as physical frailty or chronic illness, sensory impairment, challenging behaviour, drug or alcohol problems, social or emotional problems, poverty or homelessness. See *ELHT C0 67 Vulnerable Adults Policy*

8.0 RESPONSE TO DOMESTIC ABUSE

All employees have a responsibility to protect their service users, with special consideration for those who are vulnerable. Staff have a duty of care to comply with Safeguarding policies and guidelines, wherever the service users may be seen. All members of staff are required to follow the Safeguarding policies of the East Lancashire Hospitals NHS Trust. All members of staff must ensure that they report Safeguarding incidents. All staff must ensure that they attend mandatory training in Safeguarding Vulnerable Adults, the Mental Capacity Act and Deprivation of Liberty and Safeguarding Children training at the appropriate level, as required by the Trust.

9.0 DISCLOSURE

Disclosure of domestic abuse should be treated seriously.

- Firstly the safety of the victim and staff should be considered as paramount.
- The need for safeguarding vulnerable adults and children to be considered.
- Staff to make referrals to appropriate outside agencies. See *ELHT C0 67 Vulnerable Adults policy and ELHT C034 Safeguarding Children policy*

- Record injuries, use body maps (available on safeguarding children's website)
- In all cases of possible sexual abuse, there should be early consultation with the police if the victim wishes to make a complaint.
- The police can also advise on possibilities of obtaining medical evidence. Forensic examinations are carried out at 'Safe Centre' Preston which is a recognised Sexual Assault Referral Centre (SARC)
- Record disclosure in hospital records
- Offer Domestic Abuse risk assessment and possible referral to MARAC see appendix C & D
- Sign post to domestic abuse specific agencies who can help – appendix 4
- Offer opportunity to hold private phone call
- Contact numbers - appendix
- In all cases staff should take into account the person's communication skills and cultural requirements.
- Give consideration to the possibility of joint interviewing with other professional staff that know the person and/or have special communicating skills.
- Use an interpretation service if communication problems.

In the case of disclosure from a service user regarding domestic abuse managers should support staff to;

- Assess the needs of the victim, children and the capacity of parents/carers to meet their children's needs.
- Plan and respond to the needs of the victim and their families, particularly those who are vulnerable and those who have children. i.e. offer privacy to enable contact with other agencies such as local police.
- Liaise closely with other agencies including other health professionals; ie ELHT safeguarding unit.
- Help ensure that victims who have been abused have access to services and support.
- I.e. contact details of local and national domestic abuse organisations.
- Keep service user/victim safe – whilst an inpatient, screen visitors, consider use of passwords for visitors.
- Ensure staff working on the clinical areas are aware of the issue – this will help to keep the service user safe.
- Consider discharge planning meeting.

If a person is able to sustain an independent life, and is not subjected to any protective or restrictive legislation, they are also free to accept an element of risk and self-determination. Similarly, they can also choose not to disclose any matter they consider to be of a confidential or personal nature – unless there are children are involved.

10.0 Responsibilities of Departmental / Ward manager re disclosure of abuse

Ward managers should be aware that Lancashire Constabulary has Family Protection Officers whose role it is to investigate allegations of the abuse of adults and children even where the perpetrator is a family member or in a position of care, *for example in cases of Domestic abuse, Elder abuse and Honour based violence, and suspected abuse to children etc.*

11.0 Maternity Services

Within midwifery care, routine enquiry regarding domestic abuse is carried out for all maternities, whilst the woman is alone. Interpreters should be used where necessary. Midwives will endeavour to ask this question at any opportunity they find the woman alone, throughout their maternity episode see appendix E

Should domestic abuse be disclosed the Domestic Abuse risk assessment tool and check list should be carried out. With consent of the victim. This tool will distinguish 'high risk' cases which may then be referred to MARAC by ELHT staff (see appendix C)

Maternity Staff have a duty to make clear to parents that they have professional responsibilities to safeguard children and vulnerable adults. Routine Enquiry for domestic abuse is not a professional choice it is a professional duty. *Christine Mann (personal communication February 5th 2007).*

See appendix E - maternity services routine enquiry

12. Urgent Care Centres and Emergency Department

All ED/UCC staff undertake Domestic Abuse training.

Victims of Domestic Abuse are identified through appropriate history taking and recognition of the signs of Domestic Abuse.

Immediate safety concerns for the service user are addressed and children's issues identified.

Consent is obtained to carry out a Domestic Abuse risk assessment and high risk cases are forwarded to ELHT safeguarding children's team for quality assurance prior to referral to MARAC.

All children living in a house where domestic abuse exists are referred to children's social care under section 47. Safeguarding issues must be explored and the *ELHT C034 Safeguarding Children Policy* adhered to. Assistance can be sought from ELHT safeguarding children's team.

Discharge planning and appropriate referrals are discussed with the service user. Referrals can be made to the police, safe centre, women's aid or refuge accommodation as agreed. Respect any victim's decision to return to the perpetrator.

Accurate documentation in the ED notes including use of the body maps (if appropriate) is essential. Photos are carried out by the police or sometimes women's aid.

Contact numbers and further information can be found in the Domestic Abuse folders across all three areas.

13. INFORMATION SHARING – LANCASHIRE POLICE

13.1 Research and experience have shown that safeguarding children and pregnant women from harm requires professionals to share information. The sharing of information legislation is supported from The Children Act 1989, and sections 10 and 11 of The Children Act 2004.

13.2 Lancashire Police categorise domestic abuse incidents according to level of risk. Any case which involves a pregnant woman as perpetrator or victim is considered high risk. Therefore, Lancashire Police have agreed to share information with East Lancashire Hospitals NHS Trust when they have been called to a domestic abuse situation which involved a pregnant woman as either victim or perpetrator.

13.3 On receipt of information regarding a domestic abuse incident, the ELHT Maternity Information Sharing Protocol Domestic Abuse is used. **See appendix B**

14. Domestic Abuse Multi-Agency Risk Assessment Conferences (MARAC)

14.1 ELHT commitment to partnership working for the high risk cases referred to the MARAC. The MARAC is a formal conference to facilitate the risk assessment process. The purpose is for agencies to share information with a view to identifying those persons at a 'very high' level of risk and thereafter to jointly construct a management plan to provide professional support to those at 'high risk'.

14.2 Risk assessment and the sharing of information across the relevant agencies enables limited resources to be targeted. Lancashire Police force and ELHT have an agreement to share information where the victim is pregnant in accordance with the principles of the 'interests of the child' as contained within the Children Act 1989 and pursuant to the Crime Reduction Partnership Strategy set out by the Crime and Disorder Act 1998 section 115. Information sharing is for all who are discussed at MARAC, victims, perpetrators, children and not just pregnant women. This joint approach to information sharing aims to protect vulnerable persons and children by informing staff of the risk of visiting a potentially violent household and gives further opportunity to question the victim alone.

15.0 Disclosure from member of staff

Please refer to the dedicated policy ELHT/HR70 if the staff member discloses abuse, or if the staff member is an alleged perpetrator. For allegations of abuse please refer to Policy ELHT/HR 57

16.0 TRAINING

- It is a mandatory requirement that all Trust employees must attend the Trust Mandatory Training annually.
- This training will include Safeguarding Vulnerable Adults, Mental Capacity Act and Deprivation of Liberty Safeguards including domestic abuse awareness.

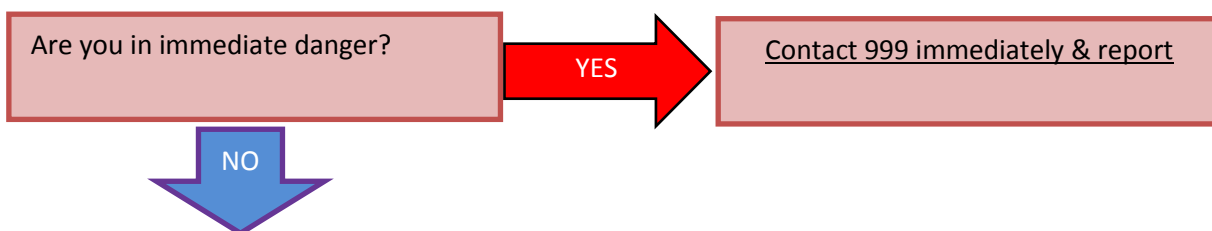
17.0 PROCESS FOR MONITORING COMPLIANCE OF THIS POLICY

ELHT Internal Safeguarding Board will monitor the process for safeguarding adults and children across the Trust.

Domestic Abuse, Routine Enquiry and compliance with this policy will be part of the Audit Plan within the Safeguarding Strategy

APPENDIX A Are you experiencing Domestic Abuse?

Domestic Abuse can be any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to psychological, physical, sexual, financial & emotional.



ELHT has access to an Independent Domestic Violence Advocate (IDVA) who is available at the Royal Blackburn Hospital. They cover people who reside in Blackburn with Darwen and can be contacted on 07812 663381 (Monday-Sunday 8am-6pm) or 01254 311181.

For residents outside Blackburn with Darwen a referral will need to be made to Lancashire Victim Support. Initial Contact can be made by telephoning 0300 323 0085, however they will require an electronic referral form (embedded below)



LVS Referral Form
2017.docx

You can also contact the ELHT Safeguarding Teams (Mon-Fri): 01254 732848 (internal 82848) or 01282 803125 (internal 13125). Between the hours of 8 – 5pm the Safeguarding Team carry Bleep 319 and can respond at RBH

Other people can be your first point of contact if you prefer, such as Staff Side Organisations, Occupational Health and Well-Being or your Line Manager.

Alternatively below is a list of helpful contacts, telephone numbers & websites which may be of assistance:

NATIONAL ADVICE:

Refuge: <http://refuge.org.uk/> or Helpline: 0808 2000 247

National Domestic Violence Helpline: www.nationaldomesticviolencehelpline.org.uk or Helpline: 0808 2000 247

Men's Advice: <http://www.mensadvice.org.uk> or Helpline: 0808 801 0327

LOCAL ADVICE:

East Lancashire Women Refuge (ELWRA): <http://www.elwra.org.uk/index.htm> or Helpline: 07866 510 728

The Wish Centre – a specialist support service for people experiencing domestic abuse, access to IDVA, ISVA, YPVA service:

Telephone: 01254 260465/ 55111 9am – 5pm

Humraaz Support Service - A specialist service for Black & Minority Ethnic Women. Humraaz Refuge offers safe temp accommodation, advice, support & resettlement Tel: 01254 53807 / 674312

Appendix B

Information Sharing Protocol Domestic Abuse

Research and experience have shown that safeguarding children and pregnant women from harm requires professionals to share information. The sharing of information legislation is supported from The Children Act 1989, and sections 10 and 11 of The Children Act 2004.

Lancashire Police categorise domestic abuse incidents according to level of risk. The lowest risk is categorised as 'Bronze' 'Silver' is medium risk and highest risk cases are categorised as 'Gold'. Any case which involves a pregnant woman as perpetrator or victim is considered high risk. Therefore, Lancashire Police have agreed to share information with East Lancashire Hospitals NHS Trust when they have been called to a domestic abuse situation which involved a pregnant woman as either victim or perpetrator.

Collection

Information is forwarded from Police to ELHT Safeguarding Team via email: safeguardingchildrensteam@elht.nhs.uk

Process

Information entered onto database for monitoring of child protection purposes. Checks made to ascertain if the woman has been booked and at which hospital and her lead midwife identified.

Lead midwife for the woman is informed of domestic abuse incident:
Midwife is asked to:

- Make contact with the woman and make every effort to see her alone to ask about domestic abuse.
- Staff to gain consent of woman to complete the Domestic Abuse risk assessment tool and possible referral to the Multi Agency Risk assessment Conference (.MARAC) Staff to then follow the Flow chart for the Domestic Abuse Risk Identification Checklist
- Completed assessment forms to be filed in hospital case notes. Forms of high scoring risk victims (scoring 14 ticks or more) to be faxed to the safeguarding team, who will then refer into MARAC if the threshold has been met and feed back to the practitioner.
- 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. In such cases staff should use their professional judgement, based on their professional experience and/or the

victim's perception of their risk even if they do not score 14 or above on the assessment tool. Such cases should be referred into MARAC as above.

- If the woman does not consent to completing the Domestic Abuse Risk assessment and the case is thought to be life threatening staff should exercise professional judgement. If a professional has serious concerns about a victim's situation, they should highlight their concerns on the risk assessment form and action as above.
- Sign post woman to outside agencies who can help with local contact telephone numbers, particularly the IDVA (Independent Domestic Violence Advocate). The IDVA will ultimately be the woman's advocate and will represent her views at MARAC (as the victims are not present at MARACs).
- Assess if referral to Children's Social Care is required. Under the Children and Adoption Act 2002 and the Children Act 2004, witnessing or hearing the ill treatment of another constitutes risk of significant harm to a child.
- Commence Special Circumstances Report in woman's hospital case notes to alert other practitioners.
- Document at delivery on neonate's Alert Sheet that special circumstances report in maternal case notes.

Original information sharing documentation from police is then destroyed.

Appendix C

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

See most up to date version of the risk assessment on OLI/Clinical Information/Safeguarding

Name of Victim:
Case ID Number:

Date:
Time:

Restricted when completed

CAADA-DASH Risk Identification Checklist (RIC)ⁱ for MARAC Agencies

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 MARAC¹ 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 Answers². 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.

¹ For further information about MARAC please refer to the CAADA MARAC Implementation Guide www.caada.org.uk.

² For enquiries about training in the use of the form, please email training@caada.org.uk or call 0117 317 8750.

Name of Victim:
Case ID Number:

Date:
Time:

Restricted when completed

CAADA-DASH Risk Identification Checklist for use by IDVAs and other non-police agencies³ for MARAC case identification when domestic abuse, 'honour'- based violence and/or stalking are disclosed

<p>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 <input checked="" type="checkbox"/>. 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 <u>not</u> the case please indicate in the right hand column</p>	Yes (tick)	No	Don't Know	State source of info if not the victim e.g. police officer
<p>1. Has the current incident resulted in injury? (Please state what and whether this is the first injury.)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>2. Are you very frightened? Comment:</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>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:</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>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:</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>5. Are you feeling depressed or having suicidal thoughts?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>6. Have you separated or tried to separate from (name of abuser(s)....) within the past year?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>7. Is there conflict over child contact?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>8. Does (.....) constantly text, call, contact, follow, stalk or harass you? (Please expand to identify what and whether you believe that this is done deliberately to intimidate you? Consider the context and behaviour of what is being done.)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>9. Are you pregnant or have you recently had a baby (within the last 18 months)?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>10. Is the abuse happening more often?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>11. Is the abuse getting worse?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

³ Note: This checklist is consistent with the ACPO endorsed risk assessment model DASH 2009 for the police service.

Tick box if factor is present. Please use the comment box at the end of the form to expand on any answer.	Yes (tick)	No	Don't Know	State source of info if not the victim
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.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Has (.....) ever used weapons or objects to hurt you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Has (.....) ever threatened to kill you or someone else and you believed them? (If yes, tick who.) You <input checked="" type="checkbox"/> Children <input type="checkbox"/> Other (please specify) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Has (.....) ever attempted to strangle/choke/suffocate/drown you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. 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.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18. Do you know if (.....) has hurt anyone else? (Please specify whom including the children, siblings or elderly relatives. Consider HBV.) Children <input type="checkbox"/> Another family member <input type="checkbox"/> Someone from a previous relationship <input type="checkbox"/> Other (please specify) <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19. Has (.....) ever mistreated an animal or the family pet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20. Are there any financial issues? For example, are you dependent on (.....) for money/have they recently lost their job/other financial issues?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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 <input type="checkbox"/> Alcohol <input checked="" type="checkbox"/> Mental Health <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22. Has (.....) ever threatened or attempted suicide?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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 <input type="checkbox"/> Non Molestation/Occupation Order <input type="checkbox"/> Child Contact arrangements <input type="checkbox"/> Forced Marriage Protection Order <input type="checkbox"/> Other <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

24. Do you know if (.....) has ever been in trouble with the police or has a criminal history? (If yes, please specify.) DV <input checked="" type="checkbox"/> Sexual violence <input type="checkbox"/> Other violence <input type="checkbox"/> Other <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Total 'yes' responses				
<p>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?</p> <p>Describe:</p> <p>Consider abuser's occupation/interests - could this give them unique access to weapons? Describe:</p>				
What are the victim's greatest priorities to address their safety?				
<p>Do you believe that there are reasonable grounds for referring this case to MARAC? Yes / No</p> <p>If yes, have you made a referral? Yes/No</p> <p>Signed: _____ Date: _____</p>				
<p>Do you believe that there are risks facing the children in the family? Yes / No</p> <p>If yes, please confirm if you have made a referral to safeguard the children: Yes / No</p> <p>Date referral made</p>				
<p>Signed: _____</p> <p>Name: _____</p>			<p>Date: _____</p>	
<p>I consent to the information being presented at the Marac: YES /NO</p> <p>Signed: _____</p> <p>Date: _____</p>				

Practitioner's Notes

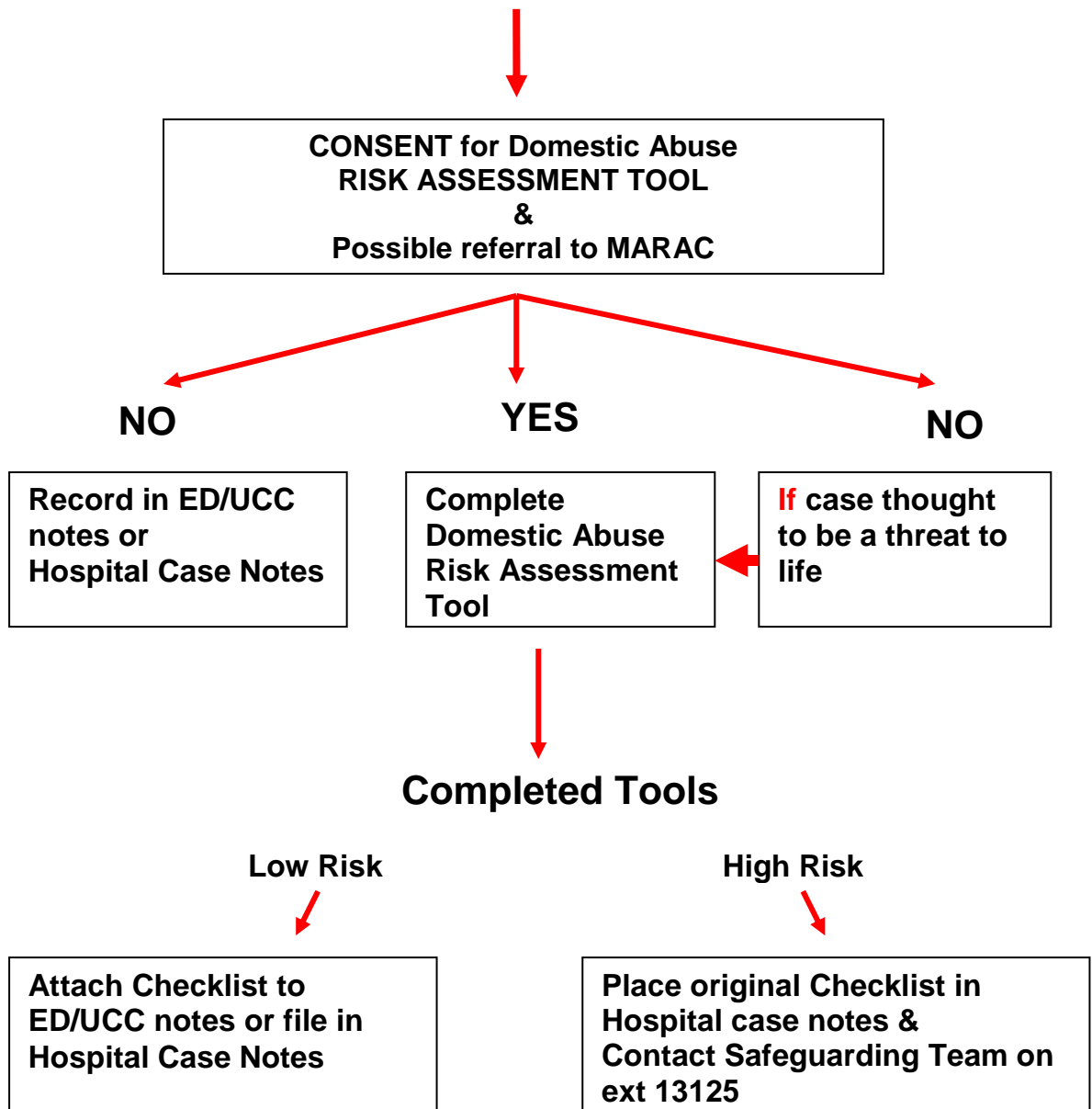
¹ This document reflects work undertaken by CAADA in partnership with Laura Richards, Consultant Violence Adviser to ACPO. We would like to thank Advance, Blackburn with Darwen Women's Aid and Berkshire East Family Safety Unit and all the partners of the Blackpool MARAC for their contribution in piloting the revised checklist without which we could not have amended the original CAADA risk identification checklist. We are very grateful to Elizabeth Hall of Cafcass and Neil Blacklock of Respect for their advice and encouragement and for the expert input we received from Jan Pickles, Dr Amanda Robinson and Jasvinder Sanghera.

FLOW CHART

For

Domestic Abuse Risk Identification checklist (RIC)

DISCLOSURE OF DOMESTIC ABUSE



SAFEGUARDING TEAM

- Check forms meet MARAC threshold and
- Refer into MARAC
- To feed back to practitioner

Appendix E Flow Chart for Routine Enquiry

ROUTINE ENQUIRY RE DOMESTIC VIOLENCE IN PREGNANCY

MIDWIFE TO CHECK HAND HELD NOTES AT EACH CONTACT TO ASCERTAIN IF THE WOMAN HAS BEEN ASKED ABOUT DOMESTIC VIOLENCE



SEEK OUT OPPORTUNITIES TO ASK THE WOMAN ABOUT DOMESTIC VIOLENCE WHEN SHE IS ALONE IDEALLY AT BOOKING, 28 WEEKS AND IN THE POST NATAL PERIOD



A TICK IN THE NO BOX WITH A DATE INDICATES THE QUESTION HAS BEEN ASKED AND THERE IS A NEGATIVE RESPONSE



A TICK IN THE YES BOX INDICATES THE QUESTION HAS BEEN ASKED AND THERE HAS BEEN A POSITIVE RESPONSE. THIS SHOULD BE FOLLOWED UP WITH A DOMESTIC ABUSE RISK ASSESSMENT AND ORANGE SPECIAL CIRCUMSTANCES SHEET



NO TICKS INDICATE THE QUESTION STILL NEEDS TO BE ASKED



PLEASE REMEMBER TO DATE DOCUMENTATION.