



Responding to Violence Against Women

Multi-Agency Guidelines for Staff

Highland Public Services Partnership

May 2014

Contents

	Page
Violence Against Women & Gender	
• What is Violence Against Women?	4
• Who is at risk?	4
• What are the impacts?	4
• What must staff do?	5
Understanding Violence Against Women	
• Consequences of Experiencing Gender Based Violence	6
• Accessibility of Services	6
Responding to Violence Against Women	
• Difficulties Staff may have Raising the Issue	7
• Agency Responsibilities	8
• Safety Planning	13
• Risk Assessment	15
• Multi-Agency Risk Assessment Conference (MARAC)	17
• Recording	20
• Supporting Women with Diverse Needs	21
• Supporting Women Living with Abusive Partners	26
• Supporting Women with No Recourse to Public Funds	26
• Supporting Male Victims of Domestic Abuse	27
• Women Experiencing Stalking	27
Links to Other Policies and Protocols	28
Impact on Children and Young People	29
Responding to Children & Young People	31
Responding to Perpetrators	33
Further Resources	
• Appendix 1 – Gender & the Gender Based Analysis	35
• Appendix 2 – Prevalence & Statistics	38
• Appendix 3 – Indicators of Violence Against Women	39
• Appendix 4 – The ‘Six Stages’	40
• Appendix 5 – Response Flow Chart	42

- Appendix 6 – Voluntary Sector Organisation Contact Details **43**
- Appendix 7 – Data Sharing Procedures **44**
- Appendix 8 – Risk Assessment **45**
- Appendix 9 – MARAC Referral Form **49**
- Appendix 10 – MARAC 12 & 13s Referral Form for Support **51**

Violence Against Women & Gender

What is Violence Against Women?

Violence Against Women is an over-arching term, often also called 'gender based violence' that includes domestic abuse, prostitution, child sexual abuse, stalking, rape and many other forms of violence that predominately affect women and are most commonly perpetrated by men. They are grouped together by the term "Violence Against Women" to highlight this gender bias and to emphasise the risk of violence women and girls face throughout their lives at home and in the community because they are female. Throughout this document the terms "Violence Against Women" and "gender based violence" are used interchangeably.

More information on gender and the gender analysis of Violence Against Women is included in Appendix 1.

Who is at risk?

The biggest risk factor to experiencing all forms of Violence Against Women is being female. While no woman is immune from it, not all women are equally at risk. Factors such as age, financial dependence, poverty, disability, homelessness, and insecure immigration status can heighten women's vulnerability to abuse or entrap them further in it. For example, minority ethnic women may face barriers such as racism and language difficulties and may also fear being accused of bringing shame and dishonour upon the family. Disabled women may experience communication or physical barriers to getting help or away from an abuser, or be isolated because of their impairment. Young women are at high risk of all forms of abuse, yet often this can be overlooked or minimised, particularly in their teenage years.

What are the impacts?

Experiencing abuse or violence as an adult or when a child can have a wide ranging effect on an individual's life. The impacts may be health related and be physical, psychological, sexual or a combination of these. Other impacts may include financial difficulties, becoming homeless or roofless¹.

How are we tackling it in Highland?

In Highland, the Public Services Partnership is committed to developing its' multi-agency approach to tackling Violence Against Women. The framework for how we will address Violence Against Women (VAW) issues is set out in the VAW Partnership's Work plan for 2013-16. This includes actions for how we will:

- Improve safety for those affected by VAW
- Improve services for those affected by VAW
- Take steps to prevent future VAW
- Deal effectively with perpetrators of VAW

¹ Homeless people may have accommodation, but are unable to access it, e.g. because of domestic abuse. Or they may have temporary accommodation, e.g. B&B or Refuge. The term roofless applies to people who are without shelter of any kind.

What must staff do?

Staff across The Highland Council, Police Scotland and NHS Highland may have different responsibilities to respond to Violence Against Women, depending on their job role. However, we expect **all** staff to:

- Be aware of the high incidence of Violence Against Women, particularly domestic abuse, rape and sexual assault and child sexual abuse – see Appendix 2 for information on prevalence
- Be ready to respond to a disclosure of gender based violence
- Be prepared to ask individuals about their experiences of abuse, when you suspect someone has experienced abuse and/or when required by your service procedures, e.g. at maternity booking appointments
- Be knowledgeable about support services in your area and be able to signpost women to services, when applicable
- Participate in training on Violence Against Women, which is offered by the Highland VAW Partnership throughout the area
- Be aware of the impact of Violence Against Woman on children, and identify and respond to concerns about the safety and well-being of any unborn child, child or young person using the processes laid down in the Interagency Child Protection Policy Guidelines and Highland Practice Guidance

Whilst this guidance is primarily focused at supporting female victims of gender based violence, the information can also be used to support men who have experienced abuse.

Understanding the Impacts of Violence Against Women

Consequences of Experiencing Gender Based Violence

The impacts of experiencing abuse can be wide ranging and include physical injury, emotional and/or psychological issues, sexual problems, and can mean increased vulnerability to experiencing other forms of abuse. The links between experiencing Violence Against Women and also having substance misuse issues, mental health problems, the potential of becoming homeless, and becoming involved in the criminal justice system are well documented in research.

Some women may find it difficult to make decisions, even about what could be considered 'everyday' choices. This is not surprising if we bear in mind that for some women, particularly in cases of domestic abuse, they have not been allowed or enabled to make any choices or decisions by a controlling partner. Staff should be patient in these contexts and understand the challenges that some women may be facing. More information on indicators of Violence Against Women is included as Appendix 3.

Not all women who experience abuse will have significant long term impacts. Many are able to recover from their experiences.

Accessibility of Services

Many women may find it difficult to disclose that they have experienced abuse. The reasons for this are many and varied and can include:

- Shame or guilt about what has happened
- Belief that they are in some way responsible for what happened
- Wanting to protect the perpetrator
- Worried that the perpetrator will find out and that could make things worse
- Not wanting to have the police or other authorities involved
- Worried about the reaction of the worker
- Thoughts that her children will be taken away from her
- Previous experiences of agencies has been negative

Services themselves often put barriers up for women, preventing them from disclosing. The actions of workers are vital and staff and organisations should ensure that they provide the following to facilitate disclosure:

- Private, accessible space – that women do not have to publicly disclose abuse to be able to access
- Range of access points to the service, including phone, face to face, email, text phone, appropriate opening hours, etc
- Available interpretation services, including spoken languages and British Sign Language both face to face and via telephone support
- The opportunity for women to disclose experiences of abuse by asking questions about abuse when women are alone, if you suspect and, if applicable, as part of a matter of routine, e.g. in homelessness services

Responding to Violence Against Women

Difficulties Staff Might have Raising the Issues

It may not be easy for staff to respond to Violence Against Women, when they suspect it or even when they get a disclosure. Staff may need to address the following issues:

Lack of time to ask the questions - a great deal can be achieved by simply acknowledging someone's experiences and directing them to a local or national support service. Explaining that you have limited time is also helpful and giving her alternatives for when you will have more time. However, if she is in crisis or immediate danger, this would not be an acceptable approach. By believing and explaining that the abuse is not her fault you can have a hugely positive impact on someone and doesn't take up a lot of time.

Personal experiences of abuse – it can be difficult to speak to someone who has experienced Violence Against Women, particularly if something similar has happened to you. It is important to address your own issues and this can be done through your organisation (both NHS Highland and The Highland Council have policies on how they will support staff with experiences of abuse) and by contacting specialist support agencies, such as Women's Aid.

Not knowing what to do - it is okay if you aren't sure exactly what to do at the moment, but believing and supporting someone is a very good start. This guidance aims to make it clearer what your responsibilities are, but if you are in any doubt, you should speak to your colleagues and your manager. You may be expected to carry out a risk assessment, speak to a woman about a safety plan or pass information on to other colleagues in your organisation. Whatever your role, everyone is expected to be able to raise the issue of Violence Against Women and to sensitively ask individuals about their experiences and to provide accurate information about support services.

Making it worse for her if you raise the issue - research with women highlights that often people will wait for you to raise the issue first before disclosing. This gives her 'permission' to talk about abuse and you will have demonstrated that you are someone who is willing to listen to her. You must have clearly explained your confidentiality procedure to her before asking any questions about abuse.

Helping her find a solution - the role of staff is to work with a woman, where she is. It is not the responsibility of staff to find 'solutions' to all her problems. It is important to go at her pace and to offer options, when applicable. You must be clear about what you and your agency can offer her. There are no easy solutions for women, but there are many effective interventions that can support her and help to keep her safe. Your responsibilities will vary depending on your role and whether you have long or short term contact with her and if you are working with other members of her family.

Agency Responsibilities

All Staff

As already highlighted in this document, all staff, regardless of the organisation they belong to, have the following responsibilities:

- Being aware of the incidence of Violence Against Women, particularly domestic abuse, rape and sexual assault and child sexual abuse
- Being aware of your own service protocol for responding to Violence Against Women, or particular aspects of it, e.g. domestic abuse
- Being ready to respond to a disclosure of gender based violence and be able to offer women the choice of a male or female member of staff, where possible (also see Appendix 4 – The ‘Six Stages’)
- Be prepared to ask individuals about their experiences of abuse, when you suspect someone has experienced abuse and/or when required by your service procedures, e.g. at maternity booking appointments
- Being knowledgeable about support services in your area and be able to signpost women to services, when applicable
- Managers must also be aware of their agency’s Employee Policy on Violence Against Women and be prepared to support those affected
- Participating in training on Violence Against Women, which is offered by the Highland Public Services Partnership throughout the area
- Be aware of the impact of Violence Against Woman on children, and identify and respond to concerns about the safety and well-being of any unborn child, child or young person using the processes laid down in the Interagency Child Protection Policy Guidelines and Highland Practice Guidance

Joint Working – Child Concerns and Child Protection Concerns

Where agencies have concerns about a child’s wellbeing, they share information about the concern with the child’s named person and/or lead professional and where appropriate social work, through the generation of a Child Concern Form.

When Child Protection Concerns are raised, the statutory agencies Highland work closely with colleagues in the voluntary sector and the police and Social Work investigate these concerns in partnership with health services.

Additional responsibilities are outlined below and the flow chart in Appendix 5 highlights the process of responding to a disclosure of abuse.

NHS Highland

NHS Highland has a responsibility to the community to challenge Violence Against Women. This includes publicly stating the unacceptability of abuse and supporting staff who have experienced gender based violence. The organisation has a role in identifying patients who have experienced abuse and who need support for their experiences. There is responsibility for treating physical injuries sustained by abuse, addressing sexual health and providing support for mental health issues. Particular groups of staff also have responsibility for asking direct questions about abuse in the following settings:

- Midwives – questions about domestic abuse should be asked at booking, or at the earliest opportunity after this and only when she is **alone** – midwives are also the Named Persons under the Highland Practice Model for unborn children and for babies up until 10 days old. After this time period, Midwives should hand over to Health Visitors/Public Health Nurses and communicate any issues of Violence Against Women
- Mental health staff – all women should be asked about domestic abuse and child sexual abuse as part of the initial assessment. Men should also be asked about experiences of child sexual abuse
- Substance Misuse staff – as with mental health staff, those working in the field of substance misuse for the NHS have responsibilities to ask about domestic abuse and child sexual abuse as part of the initial assessment
- A&E staff – questions about domestic abuse should be asked if suspicions are aroused and only when the woman is alone
- Sexual Health staff – questions about domestic abuse should be asked of all new clients accessing the service

In addition, all staff should bear in mind the other forms of gender based violence that women may have experienced, e.g. being involved in commercial sexual exploitation, being raped, having undergone female genital mutilation, being at risk of a so-called ‘honour’ crime, etc. You may also have to raise questions about these issues.

Police Scotland

Police Scotland is committed to providing a professional, sensitive and consistent service to all victims of Domestic Abuse, while continually striving to identify and actively target those perpetrators who present the greatest risk of harm using all available methods to reduce the threat.

The Police and the Crown Office Procurator Fiscal Service (COPFS) work to a joint protocol when responding to domestic abuse. Specific responsibilities for police officers attending domestic abuse incidents include:

- Ensure the safety of the victim and or children or other persons present
- Carry out a thorough investigation
- Gather all available evidence and where appropriate detain and interview the perpetrator
- Where a sufficiency of evidence exists, and in line with Lord Advocates Guidelines, arrest the offender and report the circumstances to the Crown Office and Procurator Fiscals Service who will consider prosecution
- Provide safety advice and contact nos. to the victims of other agencies that are able to assist
- Complete Domestic Abuse Questions and Initial Safety Plan

Police Scotland also has specialist officers who deal with sexual offences.

All incidents of serious sexual crime are supervised by an officer not below the rank of Detective Inspector. A Senior Investigating Officer (SIO) of Detective rank, or above will be appointed to manage all rape enquiries.

A Sexual Offence Liaison Officer (SOLO) will be appointed for all serious sexual offence enquiries. These officers are trained to a national standard and will be appointed to a victim without undue delay. The SOLO provides the critical link between the victim and the SIO and is an integral part of the enquiry team.

The role of the SOLO is wide and varied and includes all matters surrounding the medical and welfare of victims, aspects of the enquiry linked to interviewing and legal and procedural information.

The health, safety and wellbeing of the victim are paramount. The SOLO will take the victim to the forensic medical examination and provide information to the victim about the support services available. They will note a detailed account from the victim and explain the Criminal Justice process to the victim and update the victim in relation to the progress of the investigation. The SOLO liaises with Victim Information and Advice and the Procurator Fiscal regarding requirements of special measures for court. They also ensure that a safety plan is in place to protect the victim.

The Highland Council

Various services within the Highland Council have responsibilities for responding to Violence Against Women.

Housing & Service Point Staff

Women may have to leave their homes because of abuse from their partner or another family member. Housing staff have a responsibility to help women remain in their homes wherever possible, or to provide access to alternative accommodation.

Where a Highland Housing Register applicant has indicated on the application form that they are experiencing domestic abuse, they will be contacted by a member of the Homeless Prevention Team or other relevant Housing Officer in the first instance.

The Officer will undertake the CAADA-DASH risk assessment and if an immediate risk is identified and it is not reasonable on the grounds of safety for the applicant (and relevant family members) to continue to live in the property, temporary accommodation will be provided and a homelessness assessment undertaken.

A referral will also be made to the appropriate Support Provider and the MARAC Coordinator at this stage if the case meets the MARAC referral threshold. If appropriate, Child and/or Adult concerns will also be raised with the relevant Agency.

If the CAADA-DASH risk assessment does **not** identify an immediate risk, the Housing Officer will work with the applicant to identify housing options such as:

- Consideration of home safety measures detailed in the Safe at Home Protocol
- Consideration of Mutual exchange
- Private rented deposit guarantee scheme

All front line Housing staff and their Line Managers must be aware of Violence Against Women issues and the process to follow when dealing with disclosures of abuse. Additionally, Homeless Prevention Officers, Accommodation Officers, Housing Management Officers and their Line Managers must be suitably trained in responding to disclosures of abuse including the risk assessment and MARAC referral process.

Health & Social Care

Violence Against Women can affect children and young people directly and indirectly. Staff may be involved with families because of other concerns, but they may also be affected by Violence Against Women. For example, women who have been raped or sexually assaulted may use substances as a way of coping with their experiences. All Social Workers and Health Visitors/Public Health Nurses have responsibilities with regard to risk and needs assessments for those affected by Violence Against Women.

Ensuring children are safe includes supporting women to parent and increase their and their children's safety. Staff have a responsibility to assess what a child or young person needs from the people who look after him or her. Their role is pivotal in sorting out whether help to meet a child's developmental needs should be provided:

- By the parent(s)
- Alongside parent(s)
- Instead of the parent(s)

On a voluntary or compulsory basis.

Ensuring children are safe includes supporting women to parent and increase their and their children's safety.

Social Work – Criminal Justice

Those affected by Violence Against Women may be in contact with Criminal Justice services and Criminal Justice Social Workers need to be aware of the issues. They may also have responsibilities towards tackling perpetrators of Violence Against Women.

Education

Children and young people who are affected by gender based violence should have issues relating to additional support needs addressed through a Child's Plan. Children affected may struggle to concentrate in school because they are worried about what has happened (or what could happen) at home. Alternatively, they may see school or extra curricular activities as a safe place where they have other things to occupy their minds or a way of avoiding going

home.

Benefits

Women who have accessed refuge accommodation may be entitled to benefits. Highland Council Benefits teams covering an area with a Women's Aid refuge are expected to forge close links with the staff there to help women and their children maximise their claims. If you are not sure of role regarding Violence Against Women speak to your Line Manager or the Policy Development Manager for Finance.

Voluntary Sector

There are a wide range of voluntary sector agencies in Highland who respond to Violence Against Women. These organisations are included in the Directory of Services for Women in Highland. This Directory is accessible on www.highlandlife.net and includes a summary of the services available by each organisation. Some of them are included in this document in Appendix 6.

Safety Planning

Certain forms of Violence Against Women have high repeat victimisation rates. After a woman has disclosed abuse to you, it is vital to ask her about how safe she feels she is now. You may also be responsible for completing a risk assessment with a woman – if so, this will be included in your service's response flow chart/protocol available on your intranet.

If a woman is at immediate risk of harm, all staff have a responsibility to respond, regardless of the situation and the agency you are from. Best practice should mean that you are able to support a woman to make contact with an advice or support agency, such as Women's Aid or Victim Support – this does not simply mean giving a phone number or a leaflet to someone – you can make a call on her behalf or help to arrange for transport for her to get somewhere safe.

When risk is immediate consider:

- What does she need to be safe?
- How does she feel about the situation, are things getting any worse?
- Does she want/need to take any action today?
- What has she done in the past to get safe and how helpful was this?
- Does she have anyone who can help?

It is important to establish what a woman wants from you and your organisation. It may be that her expectations cannot be met and you must be clear about this to her. This does not mean, however, that you do not offer her any assistance. You can always help her get in touch with other organisations.

You must also consider your own safety and minimise any risks you might face from the perpetrator.

Practical advice that you can give women to help them stay a bit safer while she is living with abuse, is highlighted in the box below:

Protecting yourself now

- Tell someone you trust about the abuse
- Keep important and emergency numbers with you e.g. your local Women's Aid Group, the police
- If you have children, teach them to call 999 in an emergency, and what they would need to say; e.g. their full name, address and telephone number. Teach them it is important to keep safe when there is abuse. Tell them not to get between you and the abuser if there is violence. Plan a code word to signal they should get help or leave
- Rehearse an escape plan, so in an emergency you and the children can get away safely
- You might also want to talk to your children about ways they can keep themselves safe, e.g. by having a safe place to hide like a cupboard under

the stairs, or in a shed that can be bolted on the inside – it could be useful to identify a neighbour or relative that they can run to

- Pack an emergency bag for yourself your family, and hide it somewhere safe like at a neighbour's or friend's house. Things to keep in an emergency bag include important documents like birth certificates, passports, bank cards, any papers relating to the abuse (police reports and court orders) and personal items like family photos, jewellery, small items of sentimental value, clothing and toiletries for you and your children and your children's favourite small toys
- If you can, try to keep a small amount of money on you at all times
- If you can keep a record of abusive incidents, it may be helpful in the future during legal action or when seeking support from services – only do this if you can keep it in a safe place, e.g. at a friend's house

In an emergency

- Know where the nearest phone is and if you have a mobile phone, try to keep it with you
- If you think that your abuser is about to attack you, try and move to a place where there is a way out and access to a telephone. Try and avoid areas like the kitchen or garage where there are likely to be knives or other weapons

Risk Assessment

Research indicates that certain forms of Violence Against Women have very high levels of repeat victimisation. This may be victimisation by the same perpetrator, for example in the context of domestic abuse or child sexual abuse, or may involve a variety of perpetrators, as may be the case in situations of commercial sexual exploitation.

The majority of risk assessment tools currently in existence for those experiencing Violence Against Women have been developed for women living with domestic abuse. This is for a number of reasons, including:

- Highest levels of repeat victimisation for all crime
- The increase in frequency and severity of abuse over time
- Numbers of women murdered by their partners when trying to leave him

Risk Assessment can help a woman in several ways:

- Identify the level of risk she is facing, particularly if she is minimising her experiences
- Establish whether a referral into the Multi-Agency Risk Assessment Conference (MARAC) for domestic abuse is required
- Help agencies plan for how to manage the risks she faces
- Reduce the opportunity for repeat victimisation by the perpetrator
- Support the safety planning process

Adult Support & Protection

There is legislation to support adults at risk of harm. Women affected by gender based violence may or may not meet the criteria to be considered as an “adult at risk of harm”. The definition of an adult at risk of harm states,

“The Act defines adult at risk as individuals aged 16 years or over who are unable to safeguard themselves, their property, rights or other interests; are at risk or harm; **and** because they are affected by disability, mental disorder, illness or physical or mental infirmity, are more vulnerable to being harmed than others who are not so affected. Harm includes all harmful conduct and, in particular, includes conduct which causes physical harm; conduct which causes psychological harm (e.g. by causing fear, alarm or distress); unlawful conduct which appropriates or adversely affects property, rights or interests (e.g. theft, fraud, embezzlement or extortion); and conduct which causes self-harm.”²

See the Adult Support & Protection Guidance on The Highland Council website for more information – www.highland.gov.uk.

Different Risk Assessments for Different Forms of Violence Against Women

- Domestic Abuse Risk Assessment (Appendix 8)
- Child Trafficking Assessment – available on the Child Protection Website

² Adult Support and Protection (Scotland) Act 2007: Part 1

- Other forms of Violence Against Women may have risks associated with them, e.g. risks to others, especially children – some of these are outlined below

Domestic Abuse – Child Contact

During child contact women may be at risk from an ex-partner, where there has been a history of domestic abuse. Child contact provides an opportunity for a perpetrator to have contact with the child and often the mother too.

Risks that you may need to consider include:

- Previous abuse or violence towards the woman and/or the children
- Where the contact is taking place and who else will be there
- Risk of child being abducted, especially if perpetrator has overseas connections
- Risk of child being used as a ‘pawn’ to continue to abuse the woman, from a distance

You may need to raise a Child Concern form in this context. If you are unsure about what to do, it can be helpful to speak to a Child Protection Advisor, Social Worker or your manager.

Rape & Sexual Violence

Many women are raped or sexually assaulted by men known to them. If a woman has been assaulted by a partner, ex-partner or a stalker it would be appropriate to use the Risk Assessment in Appendix 8. You can also:

- Discuss safety concerns with the woman for her and her children. If the perpetrator is known to her, check how this affects both her feelings about the assault and the options available to her
- Tell her how she can get information about legal rights and criminal prosecution, if that is what she wants to do
- Give her correct information about local support agencies including the **Rape Crisis Scotland Helpline 08088 01 03 02** and/or **Domestic Abuse Helpline 0800 027 1234 (24 hours)**
- If appropriate, provide aftercare and follow up. Always consider the woman’s safety and how any approach you make might affect this
- Whatever the woman decides to do next, you should support her and help her plan for her safety.

Adult Survivors of Child Sexual Abuse

It is important to remember that child sexual abuse doesn’t necessarily stop happening to people when they become adults. It could be possible that someone who discloses they are a survivor may actually still be at risk of further sexual abuse from the perpetrator(s).

The Policy for Supporting Adult Survivors of Child Sexual Abuse is on the NHS Highland and The Highland Council websites and on their intranet pages. You should use these guidelines when responding to a disclosure of child sexual abuse by an adult. It may also be appropriate to use the Adult Support & Protection guidance, depending on the circumstances and the risks the perpetrator currently poses to the individual.

Commercial Sexual Exploitation (CSE)

Involvement in prostitution, the making of pornography and other forms of CSE, e.g. stripping, pole dancing, brings with it risks of repeat victimisation. It may be appropriate to use the Risk Assessment in Appendix 8 if the woman is being coerced into it by a partner. Other issues you may need to consider:

- Stabilising drug or alcohol use - can help to cease involvement in prostitution (therefore discuss options for substitute prescribing, alcohol detox etc)
- Coercion – who is coercing the woman to be involved?
- Personal safety – identify risks and discuss solutions to reduce
- Safer sex – advise using condoms
- Mental Health - how this affects mood, feelings and thoughts
- Exit – we can help to support the woman to stop being involved when and if she is ready, even though there are no dedicated organisations and services for this in Highland, it could be helpful for her to consider her options, e.g. Women at Work, Home Start, Job Centre Plus
- Useful support agencies, e.g. Samaritans, TARA

Pre-Risk Assessment

Before using any risk assessment tool, consider:

- How much time does she have to talk to you?
- Is it safe to talk now? If not, what is a safe way to contact her and when would be best?
- Is she happy to be involved in the risk assessment process?
- Explain why you are asking these questions – it helps us to identify the risks she may be facing and will support the safety planning process
- Explain that if she is facing high risk you may have to share the information with other organisations in order to provide her with the best protection – this gives her an option to refuse the risk assessment process

Remember: a Risk Assessment is not a definitive measure of risk. The form serves as a guide and should help you identify areas you may wish to question individuals about further. It should provide you with a structure to inform your judgements. Most often, the best assessment of risk comes from the woman herself so it is vital that she is a partner in the risk assessment process.

Multi-Agency Risk Assessment Conference (MARACs) for domestic abuse, 'honour' based violence and stalking

MARACs are a multi-agency response to domestic abuse, 'honour' based violence and/or stalking, where agencies manage the risk of the perpetrator. They were developed in Cardiff after research on a number of cases where a man had killed his children, his partner and them himself. When gathering information on these cases it was noted that all had a history of domestic abuse – his abuse against her. Work was carried out to assess if there had been indications that the risk to these families was increasing over time – the risk assessment included in this guidance in Appendix 8 is based on this evidence.

Who will use the Risk Assessment for MARAC?

The risk assessment included in this document covers domestic abuse, stalking and so called 'honour' crimes. The following staff will use this assessment in these cases:

- All Social Workers at the point of referral to their service
- All midwives following a disclosure
- All sexual health staff following a disclosure
- All Health Visitors/Public Health Nursing staff following a disclosure
- All Homeless Prevention Officers in Housing when a disclosure takes place
- All Service Point staff who support the completion of Homeless application forms and domestic abuse was disclosed during that process
- All CPNs and CPNAs after a disclosure
- All Women's Aid staff at the point of referral to their service
- GPs can access the Risk Assessment tool on the NHS Highland intranet and can use this with a patient if practicable; alternatively GPs can refer a patient to Women's Aid

The police officer attending an incident will ask all victim(s) a series of Domestic Abuse Questions which will form part of their risk assessment.

The tool may also be useful for staff and volunteers in other sectors, but it is essential to follow up a risk assessment with safety planning with women. Other organisations may also use their own tools, for example, Women's Aid groups, however, it would be helpful when it comes to sharing information with and from the statutory sector that staff were aware of the content of the risk assessment included within this guidance.

Revealing the Results

You must inform the person you have conducted the risk assessment with of the results. Telling someone that they are at high risk of serious harm or homicide may be frightening or overwhelming to hear. It is important that you state concerns using the answers given to you and your professional judgement. However, you must remember that some women may minimise their experiences (see the 'Six Stages' on p6 for more information). You can always speak to staff in other agencies about your concerns, particularly if you feel that they may have more information about the risks she is facing. For those risk assessments deemed "higher risk", you must complete the referral form for the MARAC, included in Appendix 9, safety plan with the woman and, if you believe any children are facing risks, pass information about the risk assessment to any Named Person connected with the family using the Child Concern Form.

Managing the Risks

Whilst decisions will be made at the MARAC itself in relation to actions for agencies, staff should not wait until the meeting to instigate measures that could reduce the risks an individual faces from a perpetrator of domestic abuse. Staff must also make decisions about how their organisation can

contribute to minimising the risks she may face, for example, increasing visits, supporting her to change the locks, informing other agencies, and, crucially, asking her how she thinks you can help reduce the risks and responding appropriately.

Recording Abuse – Current and Historic

It is important to document and keep records of discussions/observations you have made in relation to abuse as it:

- Could support legal action (now or in the future)
- Could affect the way other workers engage with/support the woman, e.g. information about/referral to other agencies
- Records the reason for any decisions made
- Could support a homeless application

All staff must record accurately, and in detail, any information about domestic abuse, rape or sexual assault, or any other form of Violence Against Women. The following guidance will help you:

- Note the date and time the incident she is talking about occurred
- Use her words to describe what happened, don't say, "client was attacked" when she says "he kept hitting me and hitting me saying I was no good and then he raped me"
- Avoid subjective information that may be used negatively, e.g., "It was all my fault because I didn't have the kids in bed on time"
- If it was a physical or sexual assault note:
 - Injury pattern, describe location and extent of injuries including pain reported
 - Evidence such as torn clothing, emotional state
 - Women's description of assault
- Your own observations
- Perpetrator (if revealed)
- Note any treatment and interventions provided
- Note any safety planning discussions and risk assessments conducted
- Note any action agreed and referrals made
- Date and sign the record
- Keep these records in strict confidence and never in hand held notes
- Check - does the record comply with local policies, protocols and procedures?

Supporting Women with Diverse Needs

It is important to offer a consistent service to all women, although this does not mean that the same service or services will be needed by all women who experience gender based violence. Staff should be aware of the additional difficulties that some women will face when seeking help for experiences of domestic abuse and other forms of Violence Against Women.

All women will face difficulties accessing services for abuse. These can include:

- Not knowing what services can help her
- Frightened about reprisals from the abuser
- Feelings of shame and guilt about the abuse
- Worried that no one will believe her
- Afraid that her children may be taken away if anyone finds out

For women belonging to equalities groups, there may be other barriers to getting help. These are highlighted below.

Disabled Women

Women with physical and/or learning disabilities may find it more difficult to access services to get support for abuse that they have experienced. This can include:

- Issues regarding physical access of services
- Abuser may also be her carer
- View of disabled women as 'asexual' may mean that women have not been taught sex education and, therefore, may be less clear about the differences between appropriate touching and abuse
- Communication issues may mean that her experiences of abuse are not heard by staff
- Difficulty accessing information about services, e.g. because carer controls access to information or because information is not provided in an accessible format

It is also important to remember that women's physical disabilities and/or mental health problems may also have been caused by experiencing abuse as adults or when children. Staff must respond to all women as individuals with individual needs and must minimise the barriers to accessing services as much as possible for women with disabilities, for example, by being aware of how to access a BSL interpreter, having information available in a variety of formats, and ensuring women are seen without their carers when possible.

Black & Minority Ethnic Women

Women who are Black or belong to a minority ethnic community, including Gypsy/ Traveller women, may face racism when trying to access support for abuse they have experienced. They may also:

- Face the prospect of having to leave their whole community, not just the abuser, if they disclose abuse

- Be trapped by religious or cultural beliefs preventing divorce (however, it is highly unlikely that their community or religion condones violence or abuse)
- Have to overcome workers' misconceptions about their community in general, and about the position of women within their community more specifically
- Face communication, language and/or literacy difficulties (particularly if their first language is not English or if they faced interrupted education due to travelling)
- Have insecure immigration status – you should always help women to seek professional advice from the CAB or the Ethnic Minorities Law Centre if this is the case

Staff must be aware of how to contact professional interpreters and should never use partners, friends or children to interpret for women, they should also be aware of misconceptions that exist about Black and Minority Ethnic groups and be flexible as to when and where women can see you as, for example, Gypsy/Traveller women may be working during office hours and may find your service inaccessible.

Lesbian, Gay, Bisexual and Transgender Women

Many lesbian or gay women will have experienced abuse from men in their lives, similar to straight women. They may also be abused by women they are in same sex relationships with. Whilst, in Highland, we have adopted a gender analysis of Violence Against Women, this does not mean that we believe that abuse does not happen in same sex relationships, or that women can not abuse their male partners. Everyone can be abused and anyone can be an abuser, however, when abuse does happen, it is much more likely that men will perpetrate abuse and that women will experience it – this can be related to gender roles and gender inequality and more information is included in Appendix 1. The impacts of abuse on men and women are very different too, as explained in Appendix 1.

For lesbian or gay women, it may be difficult to disclose that abuse has happened because:

- She may worry that to reveal the perpetrator, she also has to reveal her sexual orientation (if she has a female partner who is also her abuser)
- She may have been raped by men who claimed to be 'curing' her sexual orientation
- She may be concerned that experiences of child sexual abuse have 'caused' her to be lesbian, bi-sexual or transgender
- Homophobic reactions to her in the past from staff

Research conducted in Britain and abroad has demonstrated that transgender people are particularly at risk of violence and harassment, in both public spaces and the home. In 2007, a Scottish Transgender Alliance survey found that 46 per cent of 71 transgender respondents had previously experienced transphobic abuse in their relationships. Despite this, very little is currently known about transgender people's experiences of domestic abuse and other forms of gender based violence.³

Transgender people are more likely to experience a range of gender based violence throughout their lives, including abuse directly related to their gender

³ <http://www.scottishtrans.org/>

identity. This can include perpetrators withholding hormone treatments, not allowing partner's to transition or denying their status as 'real' men/women. Transgender individuals experiencing domestic abuse are also less likely to seek support or access services due to real or perceived transphobia within services or because they will be forced to disclose their transgender identity.

It is important to note that the term 'transgender' is used as an umbrella term to describe a variety of different gender identities (more information can be found at http://www.scottishtrans.org/Transgender_Umbrella.aspx.) Staff should also be mindful that not all trans people choose to undergo medical procedures.

In order to support women who are lesbian, bisexual or transgender, it is essential to never assume that her partner is male. You should always talk about relationships from a gender neutral stance unless you have established her sexual orientation.

Young Women

Young women may be particularly vulnerable to experiencing abuse. Lack of experience with intimate relationships may mean that they are unable to distinguish between abuse and genuine love. For example:

- Jealousy and possessiveness could be misconstrued as 'love'
- She may fear losing her partner if she does not give him what he wants, particularly in relation to sex
- She may fear her peers reaction to her not having a boyfriend more than her boyfriend himself
- She may not realise that organisations can help her because of her age

Young men and young women's ideas of relationships can be influenced by their peers and the media, as well as their parents/carers and their formal education. It is important to work with young people to ensure they are aware of what is healthy in a relationship and to educate them on the services that are open to them if things go wrong.

Older Women

Women of any age are vulnerable to abuse – this is because the main risk factor to experiencing any form of gender based violence is being female. However, being an older woman may make it more difficult to come forward, when experiencing domestic abuse for a number of reasons:

- Cultural and community expectations that you stay with your partner for life
- Increased dependency on partner or other carers for everyday care and support (which can make it especially difficult if you fear you will lose your care package or if they are the abuser(s))
- Societal view of older women as 'asexual' and, therefore, immune to sexual violence
- Fear that to disclose abuse would mean giving up a home and a lifestyle that may have taken decades to build
- She may worry more about being alone than staying with an abusive partner
- The abuse may have happened many years ago and she might think that she should be 'over it' by now

It is vital that if an older woman does reveal her experiences of abuse, she is believed and reassured that, if she wants, support for her can be found, regardless of whether her experiences of abuse are on going or were many years ago.

Women Living in Rural Areas

Living in a rural community may make it more difficult for women to come forward. They may worry about:

- Confidentiality (or lack of) if letting an agency worker know what has happened
- No access to transport to get to services
- Having to leave a community she has spent many years in
- The time it takes for services to get to her, i.e. ambulances or police

It is important to make access to services as flexible as possible. Outreach services and/or email and telephone support can really help women living in rural areas. In order to reduce concerns about confidentiality it can be useful to offer outreach services in conjunction with other agencies or where other organisations are located to increase anonymity.

Women within the Criminal Justice System (including prisoners)

Significant numbers of women in the criminal justice system have been affected by gender based violence. Sometimes, women's criminal records are a direct result of experiencing abuse, for example, women who have been prosecuted for soliciting in the context of prostitution and women with drugs offences who have been convicted of using substances to cope with their experiences of abuse. Experiencing abuse, particularly repeated abuse over time and from a number of perpetrators, can contribute to a chaotic lifestyle and result in women becoming involved in the criminal justice system. Staff working with offenders should be aware of this.

Additional Issues

There are links between experiencing abuse and using substances as a way of coping. It is vital that organisations are aware of these links and work with women who have substance misuse problems. It may be appropriate to do joint visits with other organisations to work on dual issues. Using substances may mean that women fear statutory agency involvement in particular, especially if they have children or if they are using drugs that are illegal. It is important to reassure women as much as you can that you are there to support them, but also to make your responsibilities clear, for example, if she does have children and there is a risk of harm to them.

Women involved in prostitution are the most vulnerable group of all women in society. They are most likely to experience sexual and physical violence and to be murdered. Many view prostitution as 'work' and as a legitimate choice made by women. However, the vast majority of women involved in prostitution are so because of a lack of real choice. Prostitution is now recognised as a survival behaviour. Many of the women involved have no alternatives for income and are already vulnerable due to experiences of child sexual abuse, substance misuse, poverty, or a combination of these. Prostitution only exists because there is a

demand from men to pay for sex.⁴ Leaving (often also called 'exiting') prostitution can take many years, so it is important that women are supported throughout this process. The trauma caused by prostitution can be immense and women may have developed mental health problems as a result, including complex post traumatic stress disorder. It is important that women are referred to the correct services for their needs and for staff to recognise that it may be useful to staff to support women to reduce the harm caused by prostitution, whilst they are preparing to exit. For example, it might be useful to work with her on her drug use or to access immunisation for hepatitis A and B, so, in these cases, it might be helpful to support a referral to substance misuse and sexual health services.

It is well documented that some women and men who have survived abuse in childhood and/or adulthood develop mental health problems. It is vital that staff recognise these very real experiences and do not simply react to them as a 'symptom' of the illness. Women in particular may also be more vulnerable to being exploited further. It is important that all staff within mental health services are aware of the indicators of abuse and routinely ask women about their experiences. Not only will asking women about their experiences demonstrate to them that your service is a place that these issues are understood it may also make a difference to the treatments and options that you offer her.

It is vital that women are treated by services as individuals, with individual needs. Violence Against Women is a complex issue that can leave many women who experience it with mixed feelings about themselves and about their abuser. Staff must work with her where she is at within her process of recovery and minimise any risks that she may face.

⁴ <http://www.womenssupportproject.co.uk/>

Supporting Women Living with Abusive Partners

Women experiencing domestic abuse may stay with their abusive partner for many years. Many prostituted women may also live with a partner who is responsible for their exploitation, similarly pornography can often be made and viewed in the context of domestic abuse. It is often only after several attempts to leave, over the course of many years, that women manage to escape their abuser. It is vital to remember, that the point of leaving is the most risky time for women – it is the time when they are most likely to be killed by their partner, so any preparations to leave must be handled with the utmost care by staff.

All staff are expected to work with women where they are in their relationship. We should not be measuring her, or our, success in terms of whether she leaves or not. There are many reasons why women stay in abusive relationships, and if we concentrate on her, expecting her to leave, we absolve the perpetrator of his responsibility and his choice in perpetrating abuse. Focusing on this also means that the fact that the abuse may continue even if she does leave is forgotten.

Women may stay with an abusive partner for a number of reasons, including:

- She loves him and believes his promises to change
- She believes the abuse is her fault
- Community/religious/cultural pressure and expectations to remain with her partner
- Lack of suitable alternatives to her current situation
- Doesn't want to break the family up (if she has dependents)
- Doesn't know what services to go to
- He has threatened to kill her/the children/himself if she leaves
- He said he will find her wherever she goes
- She may have had a poor response from services in the past

Women can access advice, support and services despite remaining with their abusive partner and these are things that staff should offer women, regardless of their situation. In terms of managing the risks that she might face though, it is essential to check with women about the formats of information that they can safely take away, agree with her how she can be contacted (which may be at a friend's address rather than her own), and discuss safety planning with her at the earliest opportunity, if that is your role (check you agency's protocol if you are unsure).

Although you are expected to work with women whilst they are living with domestic abuse, you may need to familiarise yourself with other relevant policies, particularly the Child Protection Guidelines, the Adult Support and Protection Guidance and the Policy for Supporting Adult Survivors of Child Sexual Abuse. These are outlined in further detail from page 28 onwards.

Women with no Recourse to Public Funds

Women with no recourse to public funds are women who, because of their insecure immigration status, are not entitled to welfare benefits or temporary or permanent local authority housing. Women in this position are in the UK

legally on spousal, work, student or other temporary visas and all of whom have the 'no recourse to public funds' condition attached to their stay.

This can result in a further barrier for women who are experiencing domestic abuse. The "Destitution Domestic Violence Concession Scheme" can be accessed via Women's Aid Groups. Where staff are aware that a woman (including a woman with children) is in the position where she has no recourse to public funds, they should contact their local Women's Aid group in the first instance.

Men's Experiences of Domestic Abuse

Boys and men can experience all forms of gender based violence (with the exception of Female Genital Mutilation). Whilst it is less likely for men to have these experiences compared with women and their experiences can be different, many men will still require support and services in Highland have a responsibility to provide this. Many male survivors, particularly of child sexual abuse, will already be accessing services such as mental health, criminal justice and substance misuse.

Staff who are concerned that a man is experiencing domestic abuse from his same or opposite sex partner should use the resources published by Respect and the Men's Advice Line to support him available at <http://www.respect.uk.net/pages/mens-advice-line.html>. Local face to face support services are provided by Victim Support Highlands and Islands who have had specific training to enable them to support male victims of domestic abuse and who are funded by the local authority to provide a support service to men who are assessed as being at high risk of repeat victimisation by their female or male (ex)partner.

Women experiencing Stalking

The law defines stalking as being where a person carries out an 'unreasonable course of conduct', e.g. following, monitoring, contacting or attempting to contact another person. This behaviour is with the intention of causing, or would be likely to cause, fear or alarm. Course of conduct means two or more occasions. This legislation makes stalking a criminal offence.

Around half of all stalking cases are perpetrated by an ex-partner. It is important to take any allegations of stalking very seriously and it may be necessary to complete a Risk Assessment form for MARAC, Appendix 8, (when the case involves an ex partner).

Advice for what people who are being stalked can do is available on the Action Scotland Against Stalking website www.scotlandagainststalking.com. Keeping a note of incidents and saving text/email messages, no matter how trivial they might seem is an important way of evidencing the 'course of conduct' of the stalker. It is also important to note how you felt by it and how it affected you, so also note any changes you make, e.g. walking home a different way, not socialising with friends, how your mental health was affected, etc.

Links to Other Policies and Protocols

Child Protection Guidelines

Up to date Child Protection Guidelines for Highland are available on the www.forhighlandchildren.org website.

Children and young people directly affected by gender based violence, e.g. experiencing child sexual abuse, being exploited through prostitution, and being directly physically or emotionally abused should be referred through the Child Protection process immediately. Issues such as living with domestic abuse, may well be Child Protection issues, however, these children may be children in need of support, and not children in need of protection. It is always necessary to complete a Child Concern Form and pass this to the child or young person's Named Person, usually, the midwife, health visitor, primary head teacher or secondary school Guidance Teacher, if you have a child protection concern. For other concerns you must first seek the consent of the child or young person (or their parent/guardian, depending on the age) before sharing any information.

Adult Support & Protection Guidelines

Some women experiencing abuse may also be adults in need of support and protection. There are specific guidelines for responding to adults in this situation – all staff have responsibilities to act on concerns and allegations, as with children, and must be aware of these guidelines, which can be accessed on NHS Highland and The Highland Council websites.

Policy for Supporting Adult Survivors of Child Sexual Abuse

A specific policy for responding to Adult Survivors of Child Sexual Abuse for staff within NHS Highland and Social Work Service of The Highland Council has been developed. Above all, this policy outlines how staff can be sensitive to the needs of adult survivors without simply referring them on to other services. Assessment tools are also included in the policy, which is available on line on NHS Highland and The Highland Council websites.

Information Sharing Protocol

The Highland Data Sharing Partnership has issued clear guidance for practitioners in NHS Highland, The Highland Council and Police Scotland for the sharing of data. The flow chart for identifying if there is a need to share data is included in Appendix 7.

There are, potentially, additional issues of risk and safety when sharing information in relation to Violence Against Women. It is vital to include the woman herself in the process, whenever possible, so she is aware where the information will be shared and will have an opportunity to alert you to any risks that may occur as a result. In the vast majority of cases you must also seek her consent to share any information.

You must never give information out about anyone without first checking the validity of the person contacting you and only, secondly, by following the procedure in Appendix 7 – please note that there is also an agreed Information Sharing Protocol for MARAC – available from the MARAC Co-ordinator.

Impact on Children and Young People

Many women who experience gender based violence will have children. The realities are that some women who have been raped become pregnant as a result; pregnancy is a recognised 'trigger' for domestic abuse; and many children are sexually abused by men known to them, including their fathers, step-fathers, uncles, brothers or grandfathers. Whatever form of violence against women they hear, witness or are involved in, they too can experience a range of impacts. Their experiences may include:

- Being aware of the abuse – seeing it or hearing it
- Trying to keep other children safe during incidents of violence
- Intervening to protect the woman
- Being told they are the cause of the abuse
- Being directly physically, sexually and/or verbally abused
- Have toys or pets destroyed
- Being told that the abuse is a secret and being silenced
- Being forced to watch the abuse/confirm the abuse is justified
- Abuser may force them to hit/beat/spit/kick the woman
- Abuser may give rewards (affection, outings, etc) for abuse of the woman
- Being told they will be taken away

It is, nevertheless, not necessary for children and young people to be involved in, directly witness, or be subject to abuse to be adversely affected by it. Violence Against Women can profoundly disrupt a child's stability and nurturing environment and affect their well-being.

The impact on children and young people of violence against women may be seen in any or all three domains of the My World Triangle – see the GIRFEC guidance for more information.

How I grow and develop

The child's health, learning & achieving, behaviour and confidence may be affected:

- Bedwetting, soiling themselves
- Develop asthma, eczema
- Begin to under perform at school (or suddenly excel)
- Self harming to cope with what is happening to them or to others

What I need from people who look after me

Everyday care, guidance, keeping safe, emotional security, knowing what is going to happen and when, may be compromised:

- The child may have inappropriate caring responsibilities

Evidence shows that women who are experiencing abuse or who have experienced abuse are able to parent their children effectively, however some may benefit from support. There can be links between abuse of women and direct abuse of children from the same perpetrator. Research consistently highlights that protecting the woman usually ensures the protection of children.

My wider world

Comfortable and safe housing, sense of belonging in the community and access to services may be disrupted:

- Home and belongings damaged
- Non attendance at school

Some of the impacts listed above could be 'signs' that should alert you to the possibility a child or young person is or has experienced abuse. Fuller information is included in the Interagency Child Protection Guidance.

Domestic abuse also affects unborn children. Impacts may include broken bones of the fetus, miscarriages, and still births. A lot of research has gone into domestic abuse in pregnancy. Below are some of the findings:

- Almost a third of abuse begins in pregnancy
- Existing abuse often intensifies during pregnancy
- One in five midwives knows at least one of her expectant mothers is experiencing domestic abuse
- Domestic abuse during pregnancy is more common than pre-eclampsia, gestational diabetes and twin pregnancies
- Men perpetrating domestic abuse against their partner is the biggest killer of unborn babies
- Women experiencing domestic abuse have 50% higher incidence of miscarriage and still birth than women not experiencing abuse⁵

More detail on responding is included in **Domestic Abuse Guidelines: Pregnancy and the Early Years**, available on the NHS Highland intranet.

The vast majority of children and young people affected by domestic abuse recover from their experiences. Some, however, will have difficulties and may require more intensive and specialist support over longer periods of time. It is important that the needs of children and young people are correctly identified so they can be met.

Children frequently come to the attention of professionals at a point where the severity and length of exposure to abuse has compromised the non-abusing parent's ability to nurture and care for them. Early identification and support is the best way to protect adult and child, nevertheless, it is understandable that women affected are reticent to come forward, e.g. reprisals from the perpetrator, fear of not being believed, and concern that children may be removed. We know that all forms of Violence Against Women are under-reported to the police. The best way to keep both children and the non-abusive parent safe is to focus on the early identification, assessment and intervention through skilled and attentive staff in universal services.

Children and young people affected by gender based violence are always children in need of support. They may also be in need of protection.

⁵ Royal College of Midwives (2009) Position Statement: Domestic Abuse

Responding to Children and Young People Affected by Violence Against Women

“It is everyone’s job to promote the safety and wellbeing of children. Every agency, manager and practitioner that works with children or their families, including services that work primarily with adults takes responsibility for their contribution to the safety and wellbeing of children, and for responding to any request for help” Highland Child Protection Policy Guidelines October 2013.

Every child in Highland has a Named Person in health or education. The Named Person is the first point of contact for professionals wishing to discuss a concern about a child and will seek further information/take action when the child needs additional support. When support from the family, community and universal services cannot meet the child’s needs, targeted and/or specialist services will be brought in to help. Where two or more agencies are working together to meet a child’s needs, a Lead Professional is identified to coordinate the child’s plan.

If you have concerns about an unborn child, child or young person’s wellbeing, and think they **may** be at risk of harm, child protection procedures **must** be followed. If the concern does not indicate immediate risk of harm, you must engage with the child/ parent to consider;

- What is getting in the way of this child’s well-being?
- Do I have all the information I need to help this child?
- What can I do now to help this child?
- What can my agency do to help this child?
- What additional help, if any, may be needed from other agencies?

and seek consent to share the concern and relevant information with the child’s Named Person or Lead Professional.

Where the informed consent of the child or parent has been given, the practitioner will share the concern and relevant information via discussion with the child’s Named Person or Lead Professional so that coordinated help can be offered to the child if needed.

Where consent is denied, the practitioner will monitor the situation. Should the child’s situation deteriorate or fail to improve, the need to share information will be reconsidered with the child or parent.

In some situations, the practitioner will consider that the Named Person or Lead Professional has a **need to know** about the concern and relevant information in order to improve the child’s well-being or the well-being of others. In such circumstances relevant and proportionate information should be shared. It is good practice to inform the child and parents of intended actions, unless this could place the child or others at risk or compromise any investigative enquiry.

More detailed information and guidance can be found in the Highland Practice Model and Child Protection Guidelines.

If you are in doubt about what course of action to take, seek advice from your manager, Child Protection Advisor or Integrated Services Officer.

Similar to adults who have experienced gender based violence, children and young people value:

- Being believed
- Being listened to
- Being fully involved in any assessment process
- Having their views taken into account when decisions are being made
- Having the reasons for decisions being fully explained to them
- Holding the perpetrator firmly to account for their behaviour and the impact this has had on the family
- Having accurate information about services available

These are things that **all** staff must do to support children and young people.

Responding to Perpetrators of Violence Against Women

A lot of staff are in contact with perpetrators of gender based violence, for example, Children and Families Social Workers, Police Officers, GPs, Health Visitors and Midwives. It is important that we develop good practice when working with perpetrators of abuse in order to challenge their behaviour, where possible and safe to do so, and to protect women, children and young people. In the past, staff have been concerned about addressing issues with perpetrators of abuse, however, we must ensure that perpetrators of abuse do not remain 'invisible' to services. When this happens we can focus on women as the cause of the problem and expect them to be able to change the perpetrator's behaviour. It is unacceptable to put women in this position.

The way you engage with perpetrators will depend on your role and whether he is directly acknowledging his problem, is seeking help for a related problem, or has been identified by others as abusive. The extent of your involvement will also depend on your agency and your role.

All staff must:

- Be aware of the ways in which a man perpetrating abuse may present in services
- Acknowledge that people always have a choice not to be abusive and that the vast majority of people do make that choice everyday
- Be knowledgeable about the myths that exist about why Violence Against Women happens

For domestic abuse, in particular, there are a number of good practice points, which are outlined here. You can⁶:

- Be clear that abuse is always unacceptable
- Be clear that abusive behaviour is a choice
- Affirm any accountability shown by him
- Be positive and aware of judgements that you may make – he can change, if he wants to
- Be clear that you might have to speak to other agencies and that there is no entitlement to confidentiality if children are at physical or emotional risk
- Whatever he says, being aware that on some level, he is unhappy about his behaviour
- Be aware, and tell him, that children are always affected by living with it, whether or not they witness it directly
- Be aware, and convey to the man, that domestic abuse is about a range of behaviours, not just physical violence
- Be encouraging and not back him into a corner or expect an early full and honest disclosure about the extent of the abuse
- Be aware of the barriers to him acknowledging his abuse and seeking help (such as shame, fear of child protection processes, and his self-justifying behaviours)

⁶ A Guide for Health Care Staff in NHS Lothian: Domestic Abuse Toolkit (2007), NHS Lothian

- Be aware of the likely costs to him of the continued abuse and assisting him to see these
- If you are in contact with both partners, **always** seeing them separately if you are discussing the abuse

Practices that are unhelpful for perpetrators of domestic abuse:

- Anger Management courses will not help with the abuse and will not protect his partner, ex-partner or children
- Substance misuse treatments alone will not reduce the frequency of the abuse
- Family mediation will not work as one partner has been controlling the other – they are not ‘equal’ partners
- Focusing on her as the cause of the problem

Warning: A growing body of evidence highlights that men who perpetrate Violence Against Women, in particular, domestic abuse, may claim to be victims of women’s violence.⁷ Whilst all allegations of abuse must be taken seriously, it is vital that this fact is recognised by staff. It may also be appropriate to seek information from other services to clarify the situation, e.g. is there a police history of abuse or is the family already in contact with Social Work services.

⁷ What does research tell us about male victims of domestic abuse? (2010), Respect & Domestic Abuse Against Men in Scotland (2002), The Scottish Executive

Appendix 1 - Gender & the Gender Based Analysis

What is Gender?

Gender refers to the range of socially constructed roles, traits, attitudes, behaviours, values, responsibilities, relative power, status and influence given to male and female humans on a differential basis. The gender ascriptions of masculinity/femininity are not biological, but learned. They are changeable over time, contested and vary widely within and across cultures. Gender refers not simply to women and/or men, but also to the relationships between and among them, and to the social structures and mechanisms which affect our everyday lives. Gender identities impact on the way human beings are perceived, and how they are expected to think and act. Women and men are made, not born.⁸

Societies can be powerful in maintaining distinct gender roles for women and men. Often, expectations of gender roles, and the reaction people get from displaying traits as opposite to their gender, can maintain this status quo. Ultimately, gender is a social construction with no basis in biology, but it is a very powerful concept that can be difficult to challenge.

What is a 'Gendered Analysis'?

A Gendered Analysis gives us a theoretical tool: a framework for collecting, examining and interpreting information about the differences in women's and men's lives, experiences, behaviours, status, opportunities and limitations. It also investigates the social, economic, political and cultural structures and ideologies which serve to maintain or transform gender-based stereotypes, inequalities and abuses.

A gendered approach says that Violence Against Women can only properly be understood by considering history, context, meanings, impact and consequences in terms of the way men and women are expected to behave according to society's version of 'acceptable' masculinity and femininity. A gendered analysis is the only way to make sense of the fact that Violence Against Women has for centuries been seen as a natural and acceptable (indeed sometimes necessary) fact of life.

To say that Violence Against Women is gender-based is simply to recognise that the use and experience of violence and abuse, whether perpetrated by men or by women, can only be understood if we consider it within the context of gender roles. Because it is gendered, the social environment will affect prevalence, intention and consequences of abuse differently for men and women. Society also attributes different roles based on class, ethnicity, sexuality and other factors, and this too impacts on the experience and meaning of gender based violence: it is not a straightforward or simple phenomenon, and our analysis must take account of complexity in a world of enduring gender inequality between women and men.

Definition of Violence Against Women

⁸ Highland Violence Against Women Strategy (2008), Highland Community Planning Partnership

Gender based violence is a function of gender inequality, and an abuse of male power and privilege. It takes the form of actions that result in physical, sexual and psychological harm or suffering to women and children, or affront to their human dignity, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life. It is men who predominantly or exclusively carry out such violence, and women who are predominantly the victims of such violence. By referring to violence as “gender-based”, this definition highlights the need to understand violence within the context of women’s and girl’s subordinate status in society. Such violence cannot be understood, therefore, in isolation from the norms and social structure and gender roles within the community, which greatly influence women’s vulnerability to violence.

Accordingly, violence against women encompasses but is not limited to the following:

- physical, sexual and psychological violence occurring in the family, within the general community, or in institutions, including: domestic abuse; rape; incest and child sexual abuse;
- sexual harassment and intimidation at work and in the public sphere; commercial sexual exploitation, including prostitution, pornography and trafficking;
- dowry related violence;
- female genital mutilation;
- forced and child marriages;
- “honour” crimes⁹

Definitions of forms of Violence Against Women

Domestic Abuse

Domestic abuse (as gender based abuse) can be perpetrated by partners or ex-partners and can include *physical abuse* (assault and physical attack involving a range of behaviour), *sexual abuse* (acts which degrade and humiliate women and are perpetrated against their will, including rape) and *mental and emotional abuse* (such as threats, verbal abuse, racial abuse, withholding money and other types of controlling behaviours such as isolation from family and friends).¹⁰

Commercial Sexual Exploitation

Activities such as pornography, prostitution, stripping, lap dancing, pole dancing and table dancing are forms of commercial sexual exploitation. These activities have been shown to be harmful for the individual women involved and have a negative impact on the position of all women through the objectification of women’s bodies. This happens irrespective of whether individual women claim success or empowerment from the activity. It is essential to separate sexual activity from exploitative sexual activity.

⁹ Highland Violence Against Women Strategy (2008), Highland Community Planning Partnership & Safer Lives: Changed Lives (2009), Scottish Government

¹⁰ National Strategy to Address Domestic Abuse in Scotland (2000), Scottish Executive

A sexual activity becomes sexual exploitation if it breaches a person's human right to dignity, equality, respect and physical and mental wellbeing. It becomes commercial sexual exploitation when another person, or group of people, achieves financial gain or advancement through the activity.¹¹

Honour Crimes

There is no nationally agreed definition of 'honour crimes'. What constitutes 'honour' and, therefore 'honour crime' is a contested area of debate. The UN Expert Group on Legislation to Address Harmful Practices has useful discussion papers on its website¹². A proposed definition by the UN is:

"Honour based violence is perpetrated against females and is part of a continuum of violence against women within the framework of patriarchal structures, communities and societies, where the main claim for the perpetration of the violence is the protection of the social construction of honour as a value system, norm or tradition"

Female Genital Mutilation

FGM is recognised internationally as a violation of the human rights of girls and women. It reflects deep-rooted inequality between the sexes, and constitutes an extreme form of discrimination against women. It is nearly always carried out on minors and is a violation of the rights of children. The practice also violates a person's rights to health, security and physical integrity, the right to be free from torture and cruel, inhuman or degrading treatment, and the right to life when the procedure results in death. Female genital mutilation is classified into four major types:

- 1 - Clitoridectomy: partial or total removal of the clitoris (a small, sensitive and erectile part of the female genitals) and, rarely, the prepuce (the fold of skin surrounding the clitoris) as well
- 2 - Excision: partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (the labia are "the lips" that surround the vagina)
- 3 - Infibulation: narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the inner, and sometimes outer, labia, with or without removal of the clitoris
- 4 - Other: all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterising the genital area¹³

¹¹ Safer Lives: Changed Lives (2009), Scottish Government

¹² <http://www.un.org/womenwatch/daw/vaw/v-egms-gplahpaw.htm>

¹³ <http://www.who.int>

Appendix 2 - Prevalence & Statistics

- Violence Against Women happens globally, in Scotland and in the Highlands¹⁴
- Violence Against Women can be physical, sexual, emotional/ psychological/ mental and/or financial¹⁵
- Some forms of Violence Against Women (e.g. domestic abuse, prostitution, child sexual abuse, stalking) are systematic and the level of repeat victimisation is high¹⁶
- Violence Against Women is experienced by all social groups, but some circumstances may increase risk to women (or make them more vulnerable to other forms of it). This includes, age, alcohol or drug use, disability, mental ill health and being involved in prostitution¹⁷
- Women from marginalised groups may find it more difficult to disclose abuse and to get help¹⁸
- Domestic abuse may begin or escalate during pregnancy¹⁹
- Violent men are often abusive in successive relationships²⁰
- Globally, up to 70% of female murder victims are killed by their male partners²¹
- On average, a woman is assaulted by her partner 35 times before her first call to the police²²
- 'Current partners' (at the time of the attack) were responsible for 45% of rapes reported to the British Crime Survey (1998 & 2000) - 'Strangers' were only responsible for 8% of rapes
- 2011/12, in Highland female victims represent 83% of all reported domestic abuse incidents and were the majority of repeat victims (1966 incidents in 2011/12) (Northern Constabulary statistics)
- In 2012, 57 rapes were reported to the police in Highland (a total of 236 crimes of indecency were reported in 2011/12) (Northern Constabulary statistics)

¹⁴ Safer Lives: Changed Lives (2009), Scottish Government & Statistical Bulletin Crime and Justice Series: Domestic Abuse recorded by the police in Scotland, 2007-08 (2008), Scottish Government

¹⁵ See definitions in previous sections

¹⁶ Greenan, Violence Against Women: A Literature Review (2004), Scottish Government

¹⁷ *ibid*

¹⁸ *Ibid*

¹⁹ Royal College of Midwives (2009) Position Statement: Domestic Abuse

²⁰ A Guide for Health Care Staff in NHS Lothian: Domestic Abuse Toolkit (2007), NHS Lothian

²¹ Intimate Partner Violence Factsheet, WHO – available at www.who.int

²² <http://www.crimereduction.homeoffice.gov.uk/domesticviolence/domesticviolence38.htm>

Appendix 3 - Indicators of Violence Against Women

- Frequent appointments for vague issues
- Missed appointments
- Injuries
- Concealing body with clothing inappropriate for the weather/time of year
- Appearing frightened, anxious, depressed or distressed
- Seems to be afraid of partner or passive in his presence
- Partner appears aggressive, overly dominant or reluctant to let woman speak for herself
- Repeated history of miscarriages, terminations, still births or pre-term labour, multiple pregnancies (in the context of health services)
- No or little access to money
- Alcohol or substance misuse
- Children who are being abused (in the context of domestic abuse there is often a link between woman and child abuse)

The best indicator a woman is experiencing abuse is when she discloses abuse to you.

Appendix 4 – ‘The Six Stages’

Violence Against Women happens in many contexts and takes many different forms. This section of the guidance focuses explicitly on domestic abuse and will be useful when working with a woman who is experiencing or has experienced domestic abuse. A tool developed by Liz Kelly called the “Six Stages”²³ can help us realise that experiencing domestic abuse is complex and our interventions may need to be different depending on where she ‘is’ within that experience. The stages below have been developed with domestic abuse in mind, and so are not applicable to all other forms of Violence Against Women.

1 Managing the Situation

The point at which violence is first experienced is a crisis for the relationship between the woman and the perpetrator, and although some women end relationships at this point, the majority do not. They find, or accept, an explanation for the incident which allows for a future. They develop strategies to manage the situation and incidents of abuse.

2 Distortion of Perspective/Reality

Gradually more and more of a woman’s daily life and thought processes are affected by violence. Managing anxiety, trying to make sense of ‘why?’, takes up her energy and attention. Answering ‘why?’ often involves her taking responsibility. Coping is increasingly focused on trying to do and not do certain things, or defiantly acting certain ways knowing the consequences. Either approach means repeated abuse can be understood - by herself and others – as yet again, her responsibility.

3 Defining Abuse

It is often only after a number of assaults that women define the abuse as violence. This is not just about using the word violence, but locating herself as someone being victimised and the man as someone who is an abuser and events understood as a recurring feature.

4 Re-evaluating the Relationship

Once the relationship is understood as one in which abuse/violence occurs a re-evaluation process begins. Decisions take place in a changed context of meaning. The possibility of leaving temporarily or permanently, of engaging formal process to contain violence, becomes easier to contemplate.

5 Ending the Relationship

Most women make many attempts to end violent relationships and the reasons for returning include believing promises to change; the absence of acceptable, practical alternatives; pressure from others; the absence of effective protection.

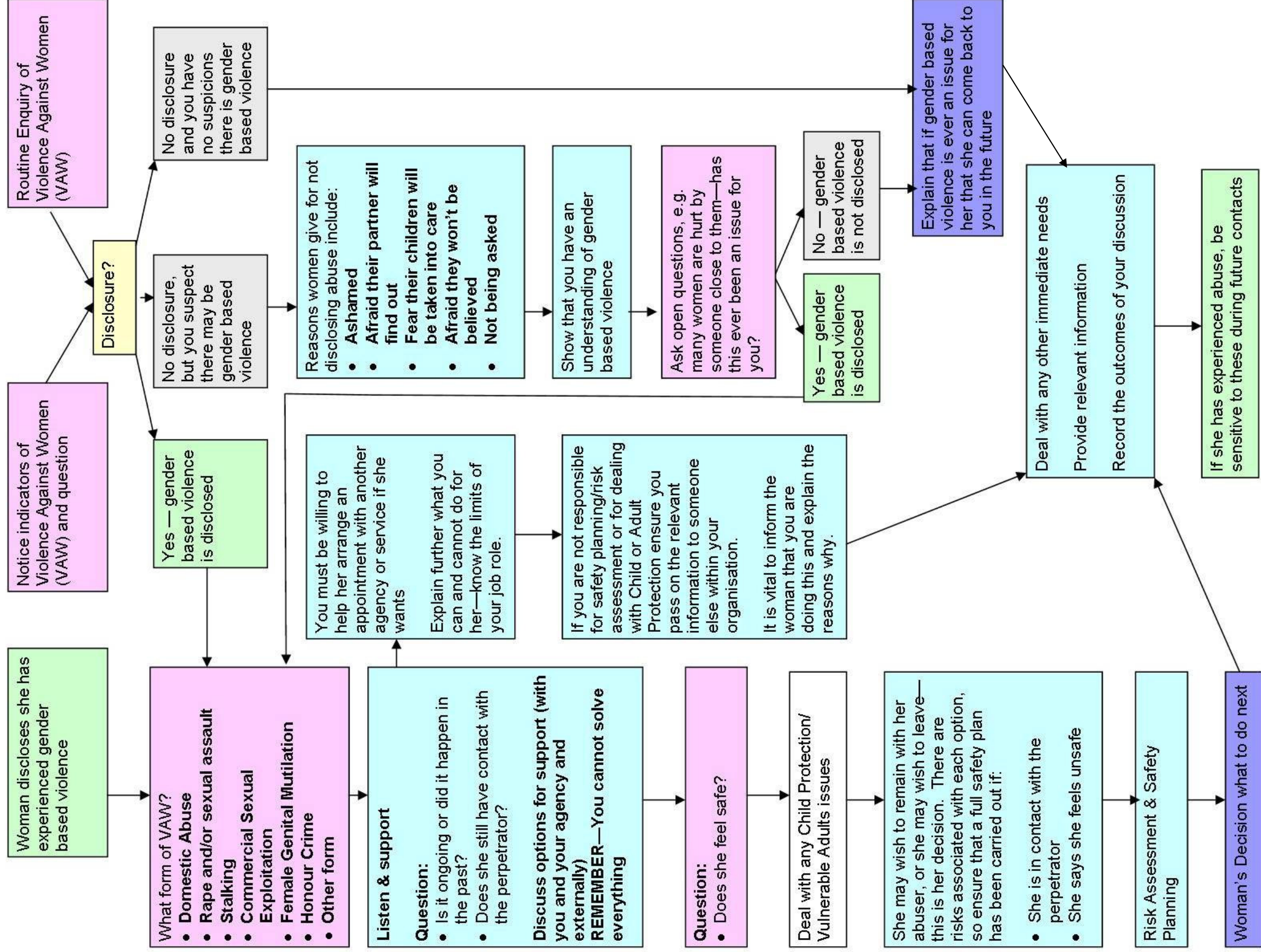
²³ Kelly et al, Domestic Violence Matters (1999), Home Office

6 Ending the Violence

Contrary to popular myth, ending a relationship does not always ensure the violence ends, it may in fact place women at greater risk of serious, and even fatal assault.

The movement of any particular woman through these phases can be anything from astonishingly swift to agonisingly slow.

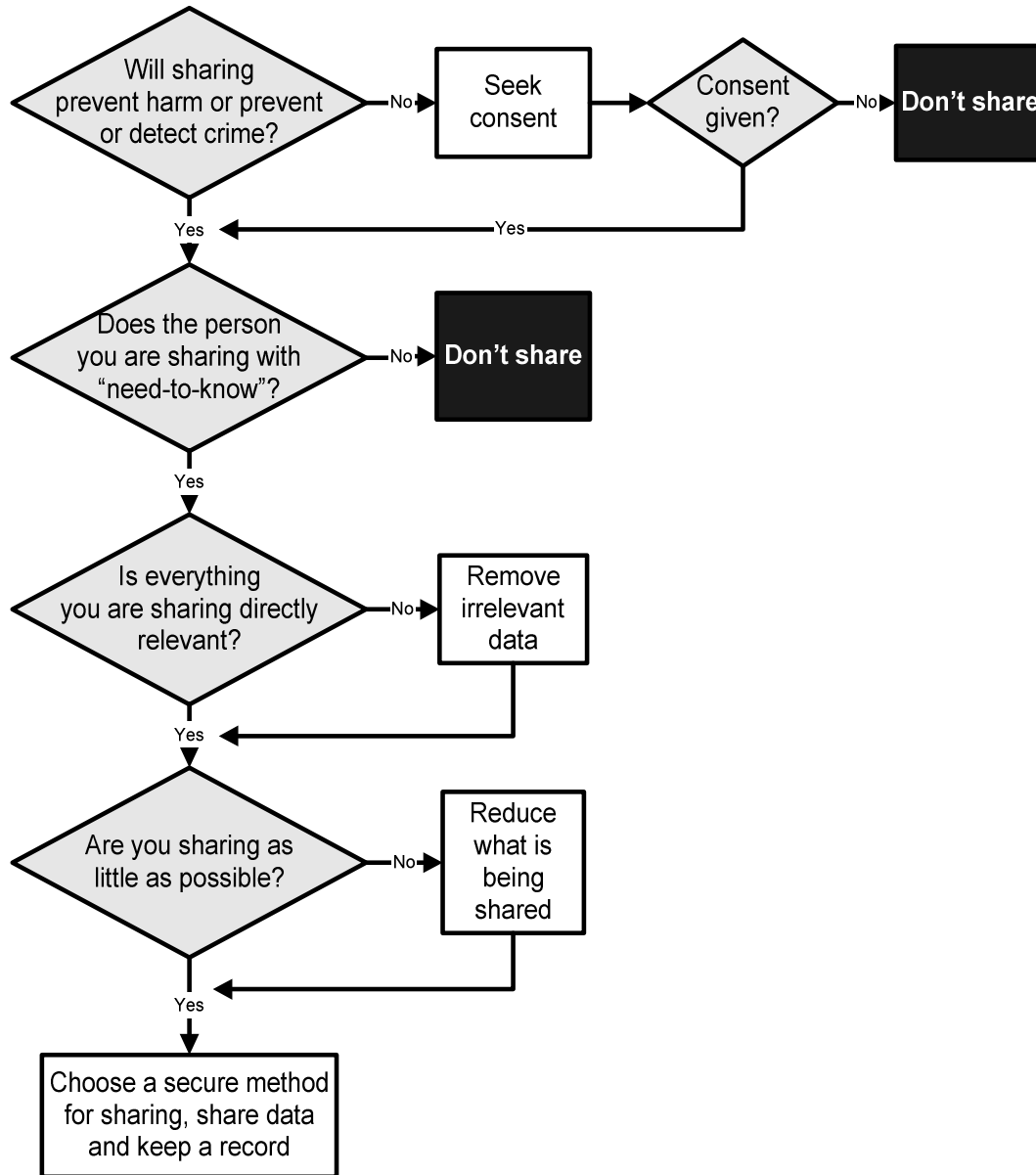
Process for Responding to Gender Based Violence



Appendix 6 - Voluntary Sector Organisation Contact Details

Domestic Abuse Helpline (24 hour)	FREEPHONE 0800 027 1234
Caithness & Sutherland Women's Aid	0845 408 0151
Lochaber Women's Aid	01397 705734
Inverness Women's Aid	01463 220719
Ross-shire Women's Aid	01349 863568
Rape Crisis Scotland	08088 01 03 02
Men's Advice Line (for male victims of partner abuse)	0808 801 0327
Respect (for people perpetrating domestic abuse and wanting to stop)	0845 122 8609
Advocacy Highland	01463 233460
Amina Muslim Women's Helpline	0808 801 0301
Hemat Gryffe Women's Aid Glasgow Asian, black minority ethnic women and children	0141 353 0859
Shakti Women's Aid Edinburgh Black and minority ethnic women and children	0131 475 3299
Victim Support Highland	01463 258834
Useful Websites	www.domesticabuse.co.uk www.zerotolerance.org.uk www.amnesty.org.uk www.un.org www.survivorscotland.org.uk www.womenssupportproject.co.uk

Appendix 7 - Highland Data Sharing Procedures





Appendix 8 – Risk Assessment

CAADA-DASH Risk Identification Checklist (RIC) 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 MARAC²⁴ 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 Answers²⁵. These can be downloaded from http://www.caada.org.uk/marac/RIC_for_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. For cases which score 12 & 13 on the Risk Identification Checklist and which are not being referred to MARAC, please refer the victim to a support service, provided they give their consent.

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.

²⁴ For further information about MARAC please refer to the 10 Principles of an Effective MARAC: http://www.caada.org.uk/marac/10_Principles_Oct_2011_full.doc

²⁵ For enquiries about training in the use of the form, please email training@caada.org.uk or call 0117 317 8750.



CAADA-DASH Risk Identification Checklist for use by IDVAs and other non-police agencies²⁶ for identification of risks 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
1. Has the current incident resulted in injury? (Please state what and whether this is the first injury.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Are you very frightened? Comment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. What are you afraid of? Is it further injury or violence? (Please give an indication of what you think (name of abuser(s)...) might do and to whom, including children). Comment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Do you feel isolated from family/friends i.e. does (name of abuser(s)) try to stop you from seeing friends/family/doctor or others? Comment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Are you feeling depressed or having suicidal thoughts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Have you separated or tried to separate from (name of abuser(s)...) within the past year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Is there conflict over child contact?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Are you pregnant or have you recently had a baby (within the last 18 months)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Is the abuse happening more often?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Is the abuse getting worse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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"/>	

²⁶ 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
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 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 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 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 type="checkbox"/> Sexual violence <input type="checkbox"/> Other violence <input type="checkbox"/> Other <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Total 'yes' responses				47

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, geographic isolation and minimisation. Are they willing to engage with your service? Describe: Consider abuser's occupation/interests - could this give them unique access to weapons? Describe:	
What are the victim's greatest priorities to address their safety?	
Do you believe that there are reasonable grounds for referring this case to MARAC? Yes / No If yes, have you made a referral? Yes/No Signed: _____ Date: _____	
For scores of 12 & 13 (that are <u>not</u> being referred to MARAC) please read to victim: I would like to refer you to Women's Aid (or Victim Support for male victims), this is an independent support service which will provide you with information and support suited to your needs. Can I note your consent for this referral to be made? Did the victim consent to the referral? Yes / No If yes, have you made a referral? Yes/ No Agency referral made to.....	
Do you believe that there are risks facing the children in the family? Yes / No If yes, please confirm if you have made a referral to safeguard the children: Yes / No Date referral made	
Signed: Name:	Date:

Practitioner's Notes

--



caada
co-ordinated action against domestic abuse



Appendix 9 - MARAC referral form

MARAC referrals should be sent by **secure email or other secure method** to marac@northern.pnn.police.uk

Referring agency						
Contact name(s)						
Telephone / Email						
Date						
Victim name				Victim DOB		
Address				Diversity Data (if known) B&ME <input type="checkbox"/> Disabled <input type="checkbox"/> LGBT <input type="checkbox"/> Gender M / F		
Telephone number				Is this number safe to call?	Y / N	
Please insert any relevant contact information e.g. times to call						
Perpetrator(s) name				Perpetrator(s) DOB		
Perpetrator(s) address				Relationship to victim		
Children (please add extra rows if necessary)	DOB	Relationship to victim	Relationship to perpetrator	Address	School (If known)	

Reason for Referral / Additional Information

Professional judgement	Y / N	Visible high risk (<i>14 ticks or more on CAADA - DASH RIC</i>)	Y / N
		Score (CAADA - DASH RIC)	
Potential escalation (<i>3 or more incidents reported to the Police in the past 12 months</i>)	Y / N	MARAC repeat (further incident identified within twelve months from the date of the last referral)	Y / N
If Yes, please provide the date listed / case number (if known)			
Is the victim aware of MARAC referral?	Y / N	If no, why not?	
Has consent been given?	Y / N		
Who is the victim afraid of? (to include all potential threats, and not just primary perpetrator)			
Who does the victim believe it safe to talk to?			
Who does the victim believe it not safe to talk to?			
Has the victim been referred to any other MARAC previously?	Y / N	If yes where / when?	
Police Incident Number			

Summary of Incident / Risk and any actions taken to reduce risk.

Appendix 10 - Agency Referral Form to Women's Aid/Victim Support for Domestic Abuse



AGENCY REFERRAL FORM

Please give ALL relevant information when completing this referral form. Thank you.

Name of referring Agency	
Name and job title of the person making the referral	
Telephone number and e-mail address	
Name of Individual being referred	
Address of Individual	
Contact telephone number Is this safe to contact	
Has the person been asked if she would like us to contact them?	
Date of Birth	
Number of children (if any) – sex and age	
Are they experiencing domestic abuse? If yes please describe the main issues (in broad terms)	
Are they experiencing any mental ill health problems? If yes please give more information	

<p>Are there any issues relating to drug or alcohol dependency? If yes please give details</p>	<p>Drugs: Alcohol: Any other substances:</p>
<p>To your knowledge have they ever caused harm or injury to themselves, their children or others? Please detail the circumstances</p>	
<p>Please state if they are receiving support from any other agencies Give as much details as possible</p>	
<p>Please give us any other information you feel is relevant to their application and/or that you think we should be aware of</p>	
<p>I declare that the information I have given above is a full and honest account of my knowledge regarding the applicant.</p> <p>Signature: Date: Print Name:</p>	

Referrals for Women:

Caithness & Sutherland - **Caithness & Sutherland Women's Aid**
Email: Email: kate.blowyers@nhs.net

Inverness, Nairn, Badenoch & Strathspey – **Inverness Women's Aid**
Email: catherine.russell2@nhs.net

Lochaber – **Lochaber Women's Aid**
Email: Julie.wileman@nhs.net

Ross-shire & Skye – **Ross-shire Women's Aid**
Email: heather.williams13@nhs.net

Referrals for Men:

All men are referred to **Victim Support**
Email: Victimsupport.highland@victimsupportsco.org.uk