**Domestic Abuse Risk Assessment and Safety Planning**

**Ideas for Actions during Lockdown**

Covid-19 is having an impact and changing how agencies risk assesses and safety plan for victim’s experiencing Domestic Abuse, with lockdown and social distancing measures likely to exacerbate the challenges victims, their children and frontline staff face.

Covid – 19 has significantly reduced numbers of frontline workers operating in our communities and therefore there is less chance for domestic abuse, stalking and honour based violence (HBV) to be identified, risks assessed, safety planning discussed and appropriate referrals reaching MARAC (Multi Agency Risk Assessment Conferencing).

* 7 MARAC’s across Highland and Islands continue to operate
* Meetings are taking place via audio conferencing
* Victims continue to be contacted and offered an IDAA (Independent Domestic Abuse Advocate) service
* Women’s Aid and Victim Support Services are still operating and providing support to victims and their children via various methods.
* Police Scotland continue to respond and investigate reports of domestic abuse

**Additional Risks Identified for Victim’s and their children**

Victims will have been managing [coercion and control and physical violence](https://www.hvawp.scot.nhs.uk/wp-content/uploads/2017/10/Quick-Guide-2.pdf) before Covid-19 arrived, this virus is not the reason or cause of abuse, however the changes to life as we know it have presented additional risks for victims and children who were already experiencing domestic abuse in all forms. E.g.

|  |  |
| --- | --- |
| * Increased time at home
 | * Separated families
 |
| * Increased coercion of the perpetrator to re-establish the relationship and move back into the family home
 | * Decreased visibility e.g. children not being seen at school
 |
| * Supervised child contact arrangement may have been suspended
 | * Increased time in proximity to the person causing harm
 |
| * Increased emotional and financial stress
 | * Increased isolation
 |
| * Increased risk of debilitating illness
 | * Reduced family and social support
 |
| * Reduced safe contact for specialised support – Support Services may no longer have the opportunity to contact victim’s safety and vice versa.
 | * Agency support maybe limited
 |
| * Some risks identified may not be able to be reduced or agencies maybe be limited in what they can to mitigate these risks at present during the current Covid-19 pandemic
 |

**Thinking Creatively Around Support and Safety Planning for Victims at Highest Risk**

Support services across Scotland have spent several weeks establishing creative ways in which to keep the door to help and support open for victims and any children. You can access all details of Highland services using this link – [Safety Planning and Support](https://www.hvawp.scot.nhs.uk/wp-content/uploads/2019/05/Support-Services-Booklet-2019.pdf)

**! Best Practice suggests:**

* Support and safety planning is enhanced when we work across the sectors.
* Measured and risk led information sharing to increase safety is vital – make sure the jigsaw of information involves all relevant services and partners
* Some risk may not be able to be reduced or mitigated for many reasons and great care should be taken not to inadvertently make the situation worse for the victim, click here for more information on Service Generated Risk

**MARAC Action Planning (safety planning) Examples**

MARAC adopts a SMART[[1]](#footnote-1) approach to action planning for people referred. COVID-19 has severely restricted the range of actions agencies have to offer e.g. alternative housing; home visits; in house appointments; update on court proceedings, to name a few. Thinking more creatively and flexibly here are some examples of support options and safety planning actions that may help you keep that door to support and help open for victims at highest risk:

* Establish code words for safe contact
* Think of other colleagues across the sector who may, in the eyes of a perpetrator, have a more legitimate reason to contact the family e.g. education checking in?
* Discuss whether other forms of communication can be made – WhatsApp, Facetime, Facebook, email, text, Skype
* Suggest the IDAA’s Contact Details are saved in the victim’s address book under a pseudonym
* Discuss any planned contact with other agencies/ professionals who can raise the alarm if they the victim needs emergency help e.g. the heath visitor, school, social worker, CPN, their manager or friend
* Increased check in/ welfare checks by Education if there are children within the household, Health Visiting or Mental Health Services
* Ensure that victims have the contact numbers they need to get support including local authority, Community Hubs and local support groups that have been set up in the midst of the current crisis
* ‘Safe at Home’ is still operating throughout the Highlands if there are issues with the physical security of a victim’s tenancy. For more information please refer to the Highland Violence Against Women Safe at Home Scheme Protocol
* Awareness of phoning 999 in an emergency and the new ‘silent option’.  [Click here for additional information](https://www.hvawp.scot.nhs.uk/safety-planning-ideas-for-women/)
* Legal Advice – the [Scottish Women’s Rights Centre](https://www.scottishwomensrightscentre.org.uk/) along with local solicitors are still accessible via telephone/ video call if it is safe
* [Disclosure Scheme for Domestic Abuse Scotland (DSDAS)](https://www.scotland.police.uk/contact-us/disclosure-scheme-for-domestic-abuse-scotland/) – Right to Ask if there are concerns about risk posed by a current partner
* Discussion of potential leaving plans when restrictions are lifted or relaxed

**Further Information and Advice for Frontline Helpers**

<https://safelives.org.uk/news-views/domestic-abuse-and-covid-19>

<https://thirdforcenews.org.uk/tfn-news/domestic-abuse-guidance-launched-for-social-workers>

1. **S**pecific, **M**easurable, **A**chievable, **R**elevant and **T**imely [↑](#footnote-ref-1)