

Wolverhampton Over-Arching Domestic Violence & Abuse Protocol and Guidance

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1. The Purpose of this Protocol

The aim of this protocol is to contribute to reducing the risk of serious harm and death through earlier identification and intervention in the lives of families affected by domestic violence and abuse.

Front-line organisations can provide a critical path for victims to disclose violence and abuse. Trained practitioners should ask routine and specific questions around domestic violence and abuse, undertake a risk assessment, and signpost victims and perpetrators to appropriate specialist services, empowering individuals to make informed decisions, and preventing repeat victimisation and escalation of violence.

Every organisation should have its own policy and practice documents relating to domestic violence, and this protocol should be read in conjunction with individual agencies' own documents. If you would like support with your organisation's domestic violence policy, contact Wolverhampton Domestic Violence Forum on Kathy.Cole-Evans@wolverhampton.gov.uk.

2. Domestic Violence and Abuse Definition

In March 2013, the Government extended the domestic violence and abuse definition to include coercive and controlling behaviour, and to incorporate young people aged 16-17 years.

The **domestic violence definition** includes:

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

This can encompass, but is not limited to the following types of abuse: **psychological, physical, sexual, financial, and emotional.**

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

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

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

3. National and Local Context

The Home Office estimates that each year in England and Wales there are nearly 2 million people suffering domestic violence and abuse, 1.3 million of these are female victims. Of these more than 100,000 mostly women are assessed at high and imminent risk of serious

harm or murder, with 130,000 children living in high risk homes. These crimes are often hidden away behind closed doors, with victims suffering in silence. Fewer than 1 in 4 people who suffer violence and abuse at the hands of their partner, and only around 1 in 10 women who experience serious sexual assault report it to the police. Domestic violence and abuse is not a one off-occurrence and left unchecked, it is known to escalate in frequency and severity over time.

A snapshot in Wolverhampton in 2016/17 informs us that there were:

- 6,000 domestic violence and abuse incidents reported to West Midlands Police
- 652 cases assessed at high and imminent risk of serious harm or murder (35% of these being repeat referrals, with 937 associated children)

In 2011 The Domestic Violence, Crime & Victims Act 2004 imposed a statutory duty on community safety partnerships to conduct a domestic homicide review when a domestic homicide occurs. The purpose of domestic homicide reviews is to identify lessons to be learned that could prevent a future domestic homicide in similar circumstances. In England and Wales, domestic violence results in two homicides a week on average; there were 113 women killed by a current or previous intimate partner in 2016. There have been 4 full domestic homicide reviews completed in Wolverhampton since 2011.

Common themes emerging from domestic homicide reviews, are similar to those arising from serious case reviews for children and vulnerable adults. These include lack of appropriate information sharing, lack of appropriate translation and interpretation services, mental health and mental capacity issues, long-term carers, and key front-line professionals missing opportunities to identify domestic violence and abuse and put in place appropriate interventions.

4. Victims of Domestic Violence

The latest national statistics show that prevalence of domestic violence and abuse is increasing among young women under 24 years, and those who have a long-term illness or disability. However, victims of domestic violence and abuse do not fit a particular profile. They include work colleagues, family members, service users, neighbours, etc. Victims may not feel able to tell professionals that they are subject to domestic violence and abuse, but many victims want professionals to ask questions about domestic violence and abuse in order that they can disclose this information, and be assisted to seek help. Domestic violence is a high volume, highly complex, high cost crime that transcends all normal gender, socio-economic, age, cultural, religious, and other boundaries. It can affect anyone however key features are summarised below:

- The majority of domestic violence and abuse victims are female, and the majority of perpetrators are male. There are female perpetrators and male victims, and that domestic violence and abuse occurs in heterosexual and single sex relationships.
- Approximately 88% of domestic violence reported to the police involves female victims of male perpetrators, with approximately 12% being male victims.
- Women are more likely than men to be the victim of repeated and multiple incidents.

- Women are five times more likely to be seriously hurt or murdered at the point of leaving an abusive relationship.
- Women are more likely to suffer different types of domestic abuse, eg partner or family abuse, sexual assault, stalking, post-separation abuse, and in particular sexual violence.
- On average women are assaulted 35 times by a partner or ex-partner before seeking help from agencies. Violence and abuse are not reported for many reasons including:
 - acceptance of abuse as normal; not recognising that they are being abused,
 - embarrassment or shame; not wanting to air dirty linen in public,
 - fear of their future (& that of their children), where and how they'll live and eat,
 - fear of retaliation.
- Older women and those with disabilities, reliant on family members and carers are twice as likely to suffer domestic violence
- Barriers to disclosing domestic violence/abuse exist for victims in same sex relationships as their sexuality may not have been shared with family or friends.
- Ethnic minority communities may also face additional perceived and real cultural barriers to reporting violence and abuse, sometimes for fear of so-called honour based violence and/or being rejected by their families and communities.
- Perpetrators of domestic violence and abuse sometimes make counter-allegations of violence and abuse against their victims.
- Criminal justice system responds to reported single events rather than to the longer term coercive and controlling behaviour that constitutes domestic violence that may have resulted in this single act of retaliation.

5. Children as Victims of Domestic Violence

The legal definition of 'significant harm' to children to include harm caused by witnessing or overhearing abuse of another, especially in a context of domestic violence, was extended under the Adoption and Children Act 2002. This added to the legal framework for child protection set out in the Children Act 1989 and 2004, the key principle of which was that the welfare of the child is the paramount consideration. Section 17 makes provision for local authorities to provide support and care, and for services to safeguard and promote the welfare and development of the child, and to support mothers and their children even where the mother has no recourse to public funds.

The majority of children in households where there is domestic violence witness that violence and abuse, mostly in the same or next room. This includes getting caught in the middle of an incident, being used as a shield to prevent further violence, hearing the abuse from the next room, seeing a parent's physical injuries following violence, having to stay in one room, being prevented from playing, being forced to witness sexual abuse, or forced to take part in verbally abusing the victim. All children witnessing domestic violence are being emotionally abused.

The effects of domestic violence on children are various, and include short and long term cognitive, behavioural, and emotional effects. Responses vary according to a multitude of factors including age, race, sex and stage of development. It is equally important to remember that these responses may also be caused by something other than witnessing domestic violence, and therefore a thorough assessment of a child's situation is vital.

In England and Wales, it is estimated that there are more than 750,000 children per year witnessing and/or experiencing domestic violence and abuse, and nearly three quarters of the

children on Child Protection Plans live in households where domestic violence is a significant feature. Serious case reviews consistently demonstrate that domestic violence was a significant feature of family life.

Research demonstrates that there is a cross-over between 66% and 90% of domestic violence with child abuse in families. It is therefore critical that where there are children and/or pregnant women in a household where domestic violence and abuse is a feature, that the effect on the children should be assessed.

6. Domestic Violence and Abuse and The Care Act 2014

The Care Act 2014 introduced a consolidated approach to Adult Social Care that specified new duties on Local Authorities and partners, outlined new rights for Service Users and Carers, and made Adult Safeguarding Boards statutory. Local Authorities are given a remit of their populations' broader care needs, specifying duties to undertake preventative work to prevent, reduce, and delay the need for care and support.

The Care Act recognises that a significant proportion of people needing safeguarding support do so because they are experiencing domestic abuse, which is specifically highlighted as one of the types of abuse for which such protection and prevention is required, whether the abuse or neglect is deliberate or unintentional.

It specifies that individual wellbeing is concerned with freedom from domestic violence and other forms of control and exploitation, and that domestic abuse service providers should be formally involved in providing a range of services from prevention (e.g. outreach and educational campaigns) to acute interventions for vulnerable adults, such as those provided by IDVA services.

National statistics demonstrate that more than 50% of UK disabled women experience domestic violence and rape, which is double the rate of non-disabled women. Domestic violence is known to be a longer-term pattern of coercive and controlling behaviour that escalates in severity and frequency over time. Domestic homicide review analysis reveals a disproportionate number of cases with both victims and/or perpetrators in a carer capacity, where the person with care and support needs is more reliant on the individual providing their care, are less able to access external support and escape the abuse.

5. Multi-Agency Safeguarding Hub

Wolverhampton has in place a Multi-Agency Safeguarding Hub (MASH) as a multi-agency co-located team to assess all safeguarding concerns relating to children and adults, the first Local Authority area in the West Midlands to do so. Arrangements include both co-located and some 'virtual' partners.

Domestic violence and abuse cases where there are children and/or pregnant women referred by West Midlands Police are pre-screened by the MASH to identify those meeting thresholds for immediate child protection and child in need arrangements. Those cases below this threshold are screened and assessed using the Barnardo's Joint Screening Tool alongside MASH by a multi-agency team. Wolverhampton's Barnardo's Joint Screening Tool Protocol can be found at www.wolverhamptonsafeguarding.org.uk

The MARAC Coordinator, responsible for coordinating partnership arrangements and plans to reduce risks to DV victims at high risk of serious harm/homicide is co-located within the MASH. This facilitates the sharing of relevant child and vulnerable adult information between MARAC and MASH.

To access more detailed information about Wolverhampton's MASH arrangements, please refer to www.wolverhampton safeguarding.org.uk

6. Perpetrators of Domestic Violence and Abuse

Mirroring the narrative outlined above for victims of domestic violence and abuse, the majority of incidents reported involve male perpetrators on female victims. However, it is also acknowledged that there are male victims and female perpetrators, and domestic violence occurs in heterosexual and same sex relationships.

Domestic violence cuts across the normal gender, socio-economic, age, cultural, religious and other boundaries, and is prevalent across society and communities.

It is important to remember that the responsibility for the abuse and harm lies with the perpetrator.

Project Mirabel research demonstrates that working with male domestic violence perpetrators alongside supporting their female victims and their children results in sustainable behaviour change for all members of the family. Research into Serious Case Reviews consistently highlights that failing to challenge DV perpetrators and/or facilitating their participation in programmes to recognise and modify their behaviours results in no sustainable change, ongoing abuse in that family, and/or serial abusive behaviours in new relationships.

Social Care Plans should include requirements for perpetrators to address their behaviour, instead of placing responsibility on victims to manage perpetrator behaviour and their access to the family.

A risk based stepped model to managing domestic violence perpetrators and offenders spanning a broad range of preventative and restorative work across universal, targeted, and specialist provision is preferable.

DV Perpetrator Programmes (DVPP)

The National Probation Service has traditionally used sentenced programmes at the end of the criminal justice process to get high risk domestic violence offenders to undertake structured work programmes. Until recently, perpetrator programmes have not consistently been available outside of the criminal justice process in the city. Wolverhampton now has two accredited programmes available including a two-year pilot programme for Social Care referrals where child protection and child in need plans are in place, and a separate community based perpetrator programme for self-referrals and referrals through other early help organisations for men with or without children.

[Click here to access details of the range of DV perpetrator programmes and perpetrator work that is now available in Wolverhampton.](#)

7. Identification of risk – Domestic Abuse, Stalking, Harassment, & Honour based violence (DASH) Risk Assessment

- The Safe Lives DASH is the national domestic violence risk assessment tool used to determine the level of risk of serious harm or homicide.
- It enables defensible decision making based on the evidence including the risks associated with previous domestic homicides and 'near-misses'.
- It provides a shared understanding of risk in relation to domestic violence, stalking, and so-called honour based violence, in particular for 'high risk of serious harm and homicide' for referral to Multi-Agency Risk Assessment Conferences (MARAC).
- The DASH assessment tool is currently under review by The College of Policing.
- Domestic violence training that includes the Safe Lives DASH risk assessment and referral to MARAC is provided free of charge

The Safe Lives website is a useful resource www.safelives.org.uk

The DASH risk assessment can be found at <http://www.safelives.org.uk/sites/default/files/resources/Dash%20risk%20checklist%20quick%20start%20guidance%20FINAL.pdf>

8. Multi-Agency Risk Assessment Conferences (MARAC)

MARAC is a national model of good multi-agency practice in managing and reducing the risks posed to DV victims assessed at high risk of serious and imminent harm or homicide.

- MARAC is a weekly professionals meeting in Wolverhampton.
- The agenda is circulated in advance
- Organisations research their knowledge of the family and identify all risks
- An action plan is agreed to collectively deploy various powers and resources to reduce identified risks.
- Independent DV Advisers (IDVA) undertake crisis intervention and safety planning with high risk victims, and represent victims' up to date information and views at MARAC.
- All MARAC cases are allocated to one of the city's variously deployed IDVAs.

Wolverhampton's MARAC has been identified by Safe Lives as in the top 5 performing MARACs in the country, and commended by OFSTED during the 2016 inspection. Front-line organisations should assess risk using the national DASH risk assessment tool, and refer qualifying high-risk cases to MARAC. Our responsive iterative MARAC monitoring model, recognises and responds to organisations that are not actively referring the expected number of cases.

Successes include a year on year increase in the number of cases being identified and referred to MARAC, and year on year increases of non-Police earlier identification of high risk cases from 4% in 2012 to 39% of our cases in 2017, towards the national target of 40%.

As part of the coordinated community response to domestic violence/abuse, MARAC aims to:

- Share information to increase the safety, health and well-being of victim adults and their children
- Determine whether the perpetrator poses a significant risk to an individual or to the community
- Construct jointly and implement risk management plans with professional support to all those at risk
- Reduce the risk of serious harm
- Reduce repeat victimisation
- Improve agency accountability
- Provide support for staff involved in high-risk domestic violence and abuse cases

MARAC sits alongside but separate from the Multi-Agency Safeguarding Hub (MASH) arrangements for adults and children. This facilitates the proportionate and secure exchange of information at the interface between MARAC and MASH.

Wolverhampton MARAC Protocol 2018 is available at www.wolverhamptonsafeguarding.org.uk

Further information can be found on the Safe Lives website at www.safelives.org.uk

9. Safety planning for victims

Referring a high-risk case to MARAC will result in an Independent DV Adviser (IDVA) being allocated to the victim.

The IDVA will provide crisis intervention, safety planning, coordination of services, and an opportunity for specialist joint working with that individual.

Individuals assessed at standard or medium risk of serious harm, (with consent), can be referred to the single point of contact; current provision is through The Haven Wolverhampton, where victims and survivors will receive safety planning, advice, and support.

Basic safety planning is also incorporated into Wolverhampton DV Forum's training programme to embed as 'business as usual' for front-line staff across organisations. A safety planning leaflet available for victims of domestic violence and abuse is available for front line professionals to assist them in providing basic safety planning advice.

[Click here for our Domestic Abuse Safety Planning Leaflet](#)

10. Accessing Appropriate Help, Information and Training

There is a variety of leaflets and resource materials available to provide to victims and perpetrators of domestic violence, all of which are available through Wolverhampton DV Forum (WDVF), and its training programme.

The Safer Wolverhampton Partnership commissions Wolverhampton DV Forum to provide training to partner organisations, which is free of charge. Training can be single or multi-agency, and includes domestic violence, coercive controlling behaviour, forced marriage, honour based violence, female genital mutilation, and rape and sexual violence.

This training satisfies this protocol's building block requirements, including how to ask questions, completing the DASH risk assessment, using care pathways, basic safety planning, learning from domestic homicide reviews, as well as specific training for our Violence Against Women and Girls Champions. WDVF also provides bespoke 'train the trainer' courses for cascading key messages and learning across larger organisations.

To access training and resources, contact 01902 550125, or look on the Safeguarding website www.wolverhamptonsafeguarding.org.uk or contact WSCBTraining@wolverhampton.gov.uk

[Click here for our contact list of specialist organisations.](#)

[Click here for our Support and Advice leaflet](#)

11. Violence Against Women and Girls (VAWG) Champions

A network of VAWG Champions has been developed across Wolverhampton organisations. The role of each VAWG Champion is to increase knowledge and competence of front line staff in their organisation so that they can identify victims of VAWG as early as possible, and ensure safe and effective responses using existing care pathways.

Each Champion will be the lead for VAWG issues within their agency or team, and will:

- Act as a primary point of contact in and out of that unit/agency
- Receive specified training across VAWG subjects
- Receive up to date VAWG information and resources
- Be able to advise colleagues on management of individual cases
- Ensure that local resources and signposting details are kept up to date for their organisation
- Participate in the VAWG Champions quarterly meetings and network
- Be supported by their organisation

12. Community Awareness

In addition to its focus on training, the Violence Against Women and Girls (VAWG) Strategy places equal weight on the need to raise awareness of VAWG issues with our communities to assist individuals to access appropriate help and support, ideally prior to the point of crisis.

Our calendar of events for all strands of VAWG focuses on national and international event dates and campaigns, and year on year builds upon the success of high-profile local publicity campaigns such as 'Orange Wolverhampton', and the West Midlands Police Sentinel Campaign. We are also using NHS England funding that Wolverhampton CCG, Wolverhampton DV Forum, and the Refugee and Migrant Centre has attracted to raise awareness of the illegalities and long-term harms of VAWG with women and men in newly emerging communities. There is also more work planned with school governors and ambassadors, as well as health focused community awareness events.

13. The Coordinated Community Response Model

The UK national model of best practice in dealing effectively with violence against women and girls is that of a coordinated community response model. This places responsibility for responding effectively to domestic violence on individuals as well as on organisations (whether you are a Police Officer, Social Worker, Health Visitor, GP, Judge, Housing Officer, Neighbour, Friend, Colleague, Brother, Aunt, Employer, etc). **This approach requires our communities to advocate that domestic violence is not acceptable and will not be tolerated, that communities are able to report violence and abuse and seek help, and that organisations will follow appropriate procedures to ensure that domestic violence is responded to safely from a victims' and children perspective, as well as for perpetrators.**

14. Organisation Building Blocks for Safe Responses to Domestic Violence and Abuse

To support the coordinated community response model, and respond safely to domestic violence and abuse, organisations will need to have in place a number of basic building blocks.

Expectations on Wolverhampton organisations is that they will:

- Have in place a domestic violence policy for service users
- Have in place a workplace domestic violence policy
- Include a routine question about domestic violence on referral forms/assessments
- Provide spaces for individuals to make safe disclosures
- Hold organisational knowledge about how to avoid unsafe responses
- Ensure that responses are culture and diversity aware
- Train staff in domestic violence to an appropriate level depending on their role, including having a nominated VAWG Champion(s)
- Undertake a DASH risk assessment, or have in place an agreed referral pathway for a DASH risk assessment to be undertaken when domestic violence is disclosed
- Ensure the case is referred to MARAC where the risk assessment identifies the individual as high risk of serious harm or homicide
- Maintain up to date contact details of appropriate local help and information and leaflets to signpost victims to specialist support agencies
- Ensure learning from domestic homicide reviews is embedded
- Where appropriate, ensure that perpetrator programmes incorporate RESPECT standards
- Share domestic violence datasets through partnership arrangements (when requested)
- Ensure these requirements and The West Midlands DV Standards are incorporated into designing, commissioning, and contracting services
- Seek assurance that these requirements and The West Midlands DV Standards are embedded via internal audits
- Provide an annual statement of compliance with these requirements to WDVF Exec Board on request.

15. Legislation and Protective Tools and Powers

There is no criminal offence of 'domestic violence', rather there are a number of criminal offences that encompass domestic violence and abuse. There are also various practical protective tools and powers that professionals can deploy as part of a plan to support victims and prevent further harm.

[Click here to access the list of criminal offences, policy frameworks, and the most significant protective tools that partners can deploy.](#)

16. Information Sharing and Confidentiality

Domestic homicide reviews, serious case reviews, and safeguarding adult reviews continue to conclude that information sharing is one of the consistent failings in the lead up to serious incidents and deaths. Good information sharing provides a more effective 'team around the family' approach. All partners should be committed to sharing proportionate information in a timely way as part of their safeguarding responsibility; if in doubt about sharing information, seek clarity from your line manager.

All organisations will have their own confidentiality protocols that specify that where information disclosed raises safeguarding children or adult concerns, that information must be shared appropriately in order that children and adults can be safeguarded. These protocols must be adhered to.

Wolverhampton has a Tier 1 Over-Archiving Information Sharing Protocol (ISP) that provides the framework for how, when, and why information will be shared, underneath which there are tier 2 and 3 subject specific information sharing protocols that outline the purposes of information sharing, eg the Wolverhampton MARAC protocol.