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Safeguarding children abused through domestic violence

Practice guidance

Introduction
Context
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1. Introduction

1.1 Introduction

The issue of children living with domestic violence is now recognised as a matter for concern in its own right by both government and key children’s services agencies. The link between child physical abuse and domestic violence is high, with estimates ranging from 30% to 66%, depending upon the study\(^1\).

All the five key outcomes for children identified in Every Child Matters can be adversely affected for a child living with domestic violence and abuse. The impact is usually on every aspect of a child’s life. The impact of domestic violence and abuse on an individual child will vary according to the child’s resilience and the strengths and limitations of their particular circumstances.

The three central imperatives of any intervention for children living with domestic violence are:

- To protect the children.
- To support the non abusing parent to protect her/himself and any children they may have.
- To hold the abusive partner accountable for his/her violence and provide him/her with opportunities to change.

In Newcastle more than half of all recorded domestic violence incidents are marked as involving one or more children. This could be that the child was present at the time of the incident, or that the victim or offender has a child, or that a child is living in the home.

A significant number of children involved with Children’s Social Care or who have a Child Protection Plan in place have domestic violence and abuse as a major factor in their lives. This number increases considerably for children subject to a second or subsequent plan. Similarly, most of the children involved with the Looked After Children (LAC) service in Newcastle come from homes impacted by domestic violence.

1.2 Use of this guidance

This document provides guidance on safeguarding the children who, through being in households / relationships where there is domestic violence, are aware of or targeted as part of violence and abuse.

Agencies should apply this practice guidance to all circumstances of domestic violence where children are involved. This practice guidance is therefore to be used by all professionals, managers, staff and volunteers who have contact with children and with

adults who are parents and/or carers, and who have responsibilities for safeguarding and promoting the welfare of children.

This practice guidance should be read in conjunction with the Newcastle Safeguarding Children Procedures which can be found at http://www.nscb.org.uk/procedures

2. Context

2.1 Definition

Domestic violence is defined by the Home Office as: ‘any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members, regardless of gender or sexuality’\(^2\).

The main characteristic of domestic violence is that the behaviour is intentional and is calculated to exercise power and control within a relationship.

Examples of these behaviours are:
- Psychological / emotional abuse: intimidation and threats (including about children or family pets), damage to property or items of sentimental value, social isolation, verbal abuse, humiliation, constant criticism and enforced trivial routines.
- Physical violence: slapping, pushing, kicking, stabbing, attempted murder or murder.
- Restriction of freedom: controlling who the victim or children see or where they go, what they wear or do, stalking, imprisonment, forced marriage.
- Sexual violence: any non-consensual sexual activity, including rape, sexual assault, coercive sexual activity or refusing safer sex.
- Financial abuse – stealing, depriving or taking control of money, running up debts, withholding benefits books or bank cards.

It should be noted that this definition only refers to domestic violence which occurs between adults aged over 18. Under this definition, domestic violence experienced in intimate relationships by those aged under 18 is not covered, and as such is considered to be a child protection issue.

The Home Office has re-examining this definition and own plans to lower the age to include those aged 16 and 17 and to also include coercive control as a specific form of domestic violence. These changes will be implemented in March 2013. Further guidance and information on the changes, are expected from central government after that date.

2.2 Terminology

‘Domestic violence’ and ‘domestic abuse’ are terms which are often used interchangeably.

\(^2\) This definition schedules to change in March 2013 to also include those aged under 18
It is argued that the term ‘domestic abuse’ reflects non-physical abuses and acknowledges in particular psychological abuse in the form of coercive control; however these abusive behaviours are also included in ‘domestic violence’. The term ‘domestic violence’ incorporates both physical and non-physical types of behaviour as detailed in section 2.1 above.

Throughout this document, in keeping with the statutory definition above, we primarily use the term 'domestic violence', which reflects both physical violence and non-physical forms of abuse.

2.3 Who experiences domestic violence?

Research and experience show that majority of cases of domestic violence concern a male perpetrator and a female victim, in particular where there are child protection concerns.

However anyone can become a victim of domestic violence. Domestic violence can be and is perpetrated by women against men, within same sex relationships, and by other family members such as adult children against their parents or the extended family/community as in cases of honour based abuse.

The British Crime Survey (BCS) estimates that there are 2.5 million incidents of domestic violence against men each year. However, such statistical summaries focus on single incidents rather than on the complex pattern of overlapping and repeated abuse perpetrated in the context of power and control.

Women are much more likely to experience repeated incidents, to experience severe abuse and sexual abuse, to receive frightening threats and live in fear of their abuser than are male victims.

See Appendix 2 for the key facts about domestic violence in the UK.

2.4 Language used in this guidance

In this practice guidance, we have tried to be gender neutral, using the term ‘victim’ or ‘perpetrator’ as much as possible.

There are, however, places throughout this document where we have referred to the victim as female/ the mother and the perpetrator as male/the father. In sections where this is the case, it has been done for ease of reading by those using this guidance, so that the text is not overly wordy or clumsy and is not intended to deny or undermine the experience of male victims of domestic violence.

When we use the term ‘mothers’, we refer to mothers, prospective mothers and adults (both male and female) with ongoing primary caring responsibilities for children.

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3 From March 2013, the Home Office definition will specifically include coercive control
2.5 Forced marriage and honour-based violence

Children and young people can be subjected to domestic violence and abuse perpetrated in order to force them into marriage or to ‘punish’ them in the belief that they have brought ‘dishonour on their family’.

Forced marriage is a form of child abuse, domestic violence and violence against women. It is a violation of children’s rights under the UN Convention on the Rights of the Child and is an abuse of human rights. It should form part of existing child and adult safeguarding protection structures, policies and procedures. Most cases involve young women and girls aged between 13 and 30 years, although, evidence from the Forced Marriage Unit suggests that as many as 14 per cent of victims are male.

Whilst honour based violence can culminate in the death of the victim, this is not always the case. The child or young person may be subjected over a long period to a variety of different abusive behaviours ranging in severity. The abuse is often carried out by several members of a family or even members of the wider community and may, therefore, increase the child’s sense of powerlessness making it harder for professionals to identify and respond appropriately.

Cases rarely present as forced marriage and/or honour based violence and the victim (especially children and young people) will usually not mention either forced marriage or honour based violence. Examples of what presenting issues may be signs or indicators of forced marriage can be found in the Newcastle procedures for responding to forced marriage and honour based violence, which are available on the NSCB website at the following link: http://www.nscb.org.uk/staff-and-volunteers/procedures/forced-marriage-and-honour-based-violence

Practice Note
When working with cases of forced marriage and honour based violence the usual principles and guidelines for safeguarding and working with children and families are not appropriate; in fact they may inadvertently place the victim at greater risk of harm. Please keep this in mind when reading this guidance.


In June 2012, it was announced that a bill will be going before parliament in 2013/14 to make forced marriage a criminal offence, with the aim that it becomes law as soon as possible after that. Further guidance will be produced pending the legislation. When this legislation is adopted, professionals are recommended to seek legal advice on pursuing the criminal option. Existing civil law will also continue to be available to complainants.

2.6 Animal abuse

There are strong links between domestic violence and animal abuse. When animals are abused, people may also be at risk
Research shows that 71% of pet-owning women entering refuges reported that their abuser had injured, maimed, killed or threatened family pets for revenge or to psychologically control them. 68% of women reported violence towards their animals. 87% of these incidents occurred in the presence of the women, and 75% in the presence of the children.

The research also found that 13% of intentional animal abuse cases involve domestic violence. Domestic violence victims whose animals were abused saw the animal cruelty as one more violent episode in a long history of indiscriminate violence aimed at them. 70% of the animal abusers also had records for other crimes.

Up to half of the women were unable to escape abusive situations because they worried about what would happen to their pets should they leave. Many pets suffered unexplained injuries, health problems, permanent disabilities at the hands of abusers, or disappear from home.

Professionals who come across a case of animal abuse, neglect or cruelty should always be alert to the potential for risks to a child or adult living in the same home.

See also the supplemental guidance on dangerous dogs on the NSCB website: http://www.nscb.org.uk/staff-and-volunteers/procedures/dangerous-dogs

2.7 Families with additional vulnerabilities

All professionals should understand the following issues, which do not in themselves cause domestic violence, but can increase the vulnerability of victims and their children and/or compound the domestic violence. Professionals should take these into consideration when providing support.

Culture: the culture amongst some communities means that it is often more difficult for women to admit to having marital or relationship problems. This is because a failed marriage can be seen as being the woman's fault, and she will be blamed for letting down the family's honour. In some cultures, a woman may not be in a position to divorce her husband. If the husband does not want to comply, he can prevent giving a religious divorce to his wife.

Immigration: victims and their children may have an uncertain immigration status, which could prevent them from or make them wary of accessing services. A victim may also be hesitant to take action against her partner for fear of losing her right to remain in the UK.

In some cases, victims have received threats of deportation from their partner or extended family if they report domestic violence and have had their passports taken from them. Similarly, their children may have had their passports taken away from them and may fear that they and/or the non-abusing parent could be deported if they disclose domestic violence in the family.

Further information on immigration and associated legal issues can be found in Appendix 5

**No recourse to public funds:** Many people come to the UK, often legally, on temporary work permits, student visas or spousal/civil partnership visas intending to marry/enter a civil partnership. The 'no recourse to public funds' rule says that someone in this position - even if married to, or in a civil partnership with a British citizen - is not entitled to certain state benefits, including housing benefit and income support, typically until they have been married for more than two years.

As a result, some people in the UK end up trapped as a spouse, civil partner, unmarried or same sex partner in a violent relationship, and even if they muster the courage to seek help from the authorities, are then unable to access services and as such are additionally vulnerable. Most refuges are supported by housing benefit, which means that those individuals with no recourse to public funds are not entitled to this benefit to pay for their use of refuge services.

There are limited concessions available to some victims of domestic violence with no recourse to public funds through the Destitution Domestic Violence Concession.

Further information can be found in Appendix 5 below. Information on Applying for permission to settle in the UK as a victim of domestic violence is available on the UK Border Agency website: [http://www.ukba.homeoffice.gov.uk/visas-immigration/while-in-uk/domesticviolence/](http://www.ukba.homeoffice.gov.uk/visas-immigration/while-in-uk/domesticviolence/)

**Language / literacy:** victims and their children may face additional challenges to engaging with services if English is not their first language. When working with these children and their families, professionals should use professional interpreters who have an up to date Criminal Records Bureau (CRB) check. It is not acceptable to use a child, family member or friend, and members of the extended community network should also be avoided wherever possible. This is of particular importance if forced marriage or honour based abuse are suspected

**Temporary accommodation:** many families fleeing domestic violence live in temporary accommodation for a period of time. When a family moves frequently, they may be facing chronic poverty, social isolation, racism or other forms of discrimination and the problems associated with living in disadvantaged areas or in temporary accommodation. These families can become disengaged from, or may have not been able to become engaged with, health, education, social care, welfare and personal social support systems

**Recent trauma:** some migrant families have a traumatic history and / or a disrupted family life and can need support to settle and integrate.

**Disability:** victims and/or their children with disabilities may be especially vulnerable in situations where the abuser is also their primary carer, and some refuges may lack appropriate facilities to respond to their particular needs. The British Crime Survey consistently shows that disabled people are much more likely to experience domestic violence than people who are not disabled.
Social exclusion: children and their families may also face additional vulnerabilities as a result of social exclusion. Social exclusion looks beyond poverty related solely to income to include situations where people also lack many of the opportunities that are available to the average citizen such as housing, employment, healthcare, civic engagement, democratic participation and due process, which are generally considered to be key to social integration and mobility.

Living with social exclusion can mean that such victims of domestic violence are additionally challenged to access services and supports.

Research from the British Crime Survey shows that people on a low income and/or who do not own their own home are more likely than those on a higher income and/or homeowners to report experiencing domestic violence.

Sexual orientation and identity
Lesbian, gay, bisexual and transgender people may also be especially vulnerable, and issues such as shame, stigma, mistrust of authority (particularly of the police), fear of having children taken away because of incorrect stereotyping, or “outing” can lead to the abuse and violence being hidden and unreported.

Transgender people and their children can find it a challenge to find safe accommodation and some women’s refuges may not accept men who have not fully transitioned.

NSCB Safeguarding Children Procedures section: Children in Need guidance can be found at the following weblink: http://www.nscb.org.uk/staff-and-volunteers/procedures/children-need

The NSCB also has a variety of supplemental guidance on a number of related issues, which are available at: http://www.nscb.org.uk/staff-and-volunteers/procedures/supplementary-guidance

3. The impact of domestic violence

3.1 The impact of domestic violence on children

Children who are exposed to violence in the home may suffer a range of severe and lasting effects. Children who are exposed to violence in the home may have difficulty learning and limited social skills, exhibit violent, risky or delinquent behaviour, or suffer from depression or severe anxiety.

Children who grow up in a violent home are more likely to be victims of child abuse. Those who are not direct victims have some of the same behavioural and psychological problems as children who are themselves physically abused. Children in the earliest years of life are particularly vulnerable: studies show that domestic violence is more prevalent in homes with younger children than those with older children⁶.

⁶ (UNICEF, 2006) Behind Closed Doors
The risks to children living with domestic violence include:

- Direct physical or sexual abuse of the child. There is a common link between domestic violence and child abuse. Among victims of child abuse, 40 per cent report domestic violence in the home. One study in North America found that children who were exposed to violence in the home were 15 times more likely to be physically and/or sexually assaulted than the national average. The Royal College of Psychiatrists states: "About half the children in such families have themselves been badly hit or beaten. Sexual and emotional abuse are also more likely to happen in these families." 8

- The child being abused as part of the abuse against the victim:
  - Being used as pawns or spies by the abusive partner in attempts to control the non abusing parent.
  - Being forced by the abusive parent to participate in abuse and degradation of the victim.

- Emotional abuse and physical injury to the child from witnessing the abuse:
  - Hearing abusive verbal exchanges between adults in the household.
  - Hearing the abusive partner verbally abuse, humiliate and threaten violence.
  - Observing bruises and injuries sustained by the non abusing parent.
  - Hearing the victim scream and plea for help.
  - Observing the abusive parent being removed and taken into police custody.
  - Witnessing the non abusing parent being taken to hospital by ambulance.
  - Attempting to intervene in a violent assault.
  - Being physically injured as a result of intervening or by being accidentally hurt whilst present during a violent assault.

- Negative material consequences for a child of domestic violence:
  - Being unable or unwilling to invite friends to the house.
  - Frequent disruptions to social life and schooling from moving with the non abusive parent fleeing violence.
  - Hospitalisation or permanent disability of the non abusing parent.

Children who witness domestic violence suffer emotional and psychological maltreatment. They can have low self-esteem and experience increased levels of anxiety, depression, anger and fear, aggressive and violent behaviours, including bullying, lack of conflict resolution skills, lack of empathy for others and poor peer relationships, poor school performance, anti-social behaviour, pregnancy, alcohol and substance misuse, self blame, hopelessness, shame and apathy, post traumatic stress disorder – symptoms such as hyper-vigilance, nightmares and intrusive thoughts – images of violence, insomnia, enuresis and over protectiveness of the non abusive parent and/or siblings.

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7 (UNICEF, 2006) Behind Closed Doors
8 www.womensaid.org.uk/domestic-violence-articles.asp?section=00010001002200020001anditemid=1262
9 Section 31 Children Act 1989: impairment suffered from seeing or hearing the ill treatment of another (amended by the Adoption and Children Act 2002).
Children may experience strong ambivalence towards both the violent parent and the non-abusing parent, with affection co-existing alongside feelings of resentment and disappointment. Some children imitate and learn the attitudes and behaviours modelled when domestic violence occurs and exposure to violence may desensitize some children to aggressive behaviour. When this occurs, aggression can become part of the “norm” and is less likely to signal concern to children.

Children who grow up with violence in the home learn early and powerful lessons about the use of violence in interpersonal relationships. However, not all go on to becoming victims or abusers. Many adults who grew up with violence in the home are actively opposed to violence of all kinds and are committed to raising their children without the use of violence.

There is reason to believe that children know that domestic violence is wrong and actively want it to stop. Many children who are present during acts of domestic violence try to prevent the violence, try to get outside help, actively try to protect the victim and/or make the violence stop.

**Practice Note**

It is very important that boys and young men who grow up in violent homes are not made to feel that they are destined to become violent. When it is implied that they are fated to become violent, it sends out a dangerous message and gives abusers an excuse for their behaviour. Professionals working with children who live in homes where there is domestic violence must keep this in mind at all times.

The impact of domestic violence on children is similar to the effects of any other abuse or trauma and will depend upon such factors as:

- The severity and nature of the violence.
- The length of time the child is exposed to the violence.
- Characteristics of the child, e.g. gender, ethnic origin, age, disability, socio-economic and cultural background.
- The warmth and support the child receives in their relationship with the non-abusive parent, siblings and other family members.
- The nature and length of the child's wider relationships and social networks.
- The child's capacity for and actual level of self protection.


### 3.2 The impact of domestic violence on unborn children

30% of domestic violence begins or escalates during pregnancy¹⁰, and it has been identified as a prime cause of miscarriage or still-birth¹¹, premature birth, foetal

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psychological damage from the effect of abuse on the mother’s hormone levels, foetal physical injury and foetal death\textsuperscript{12}. The mother may be prevented from seeking or receiving proper ante natal or post natal care. In addition, if the mother is being abused this may affect her attachment to her child, more so if the pregnancy is a result of rape by her abuser.

See also NSCB Concerns About a Child Procedures; at: http://www.nscb.org.uk/staff-and-volunteers/procedures/2-concerns-about-child

and also NSCB procedures for Welfare of the Unborn Child http://www.nscb.org.uk/search/node/unborn\%20child

3.3 The impact of domestic violence on mothers and their ability to parent

Children who live with domestic violence are often reliant on the non abusing parent (typically the mother) as the only source of good parenting, since the abusive parent (typically the father) will have significantly diminished ability to parent well. This is particularly so because domestic violence very often co-exists with high levels of punishment, the misuse of power and a failure of appropriate self-control by the abusive parent.

Many mothers seek help because they are concerned about the risk domestic violence poses to their children. However, domestic violence may diminish a mother’s capacity to protect her children because in order to live in this situation, mothers often have to focus on their own survival to such an extent that they can be unaware of, unable to do or are prevented by the perpetrator from doing anything about the effect on their children.

Mothers subjected to domestic violence have described a number of issues related to the domestic violence which impact on their parenting, including:

- Frequent accommodation moves.
- Economic limitations.
- Isolation from social networks.
- Being physically prevented from fulfilling their parenting role by the abuser.

The psychological impact of the domestic violence can include:

- Loss of self-confidence as an individual and parent.
- Feeling emotionally and physically drained and distant from the children.
- Not knowing what to say to the children about the abuse.
- Inability to or prevented from providing appropriate structure, security or emotional and behavioural boundaries for the children.
- Difficulty in managing frustrations and taking them out on the children.
- Inability to support the children to achieve educationally or otherwise.

\textsuperscript{11} Gillian Mezey, "Domestic Violence in Pregnancy" in S. Bewley, J. Friend, and G. Mezey (ed.) Violence against women (Royal College of Obstetricians and Gynaecologists, 1997)

Mothers subjected to domestic violence can also experience rape, sexual violence, sexually transmitted diseases, and unwanted pregnancies, all of which can significantly impact on the mother/child emotional bond.

Domestic violence contributes directly to the breakdown of mental health, and victims of domestic violence are very likely to suffer from depression and other mental health difficulties leading to a high risk of self-harm, attempted suicide and/or substance misuse, again all of which negatively effect the victim’s ability to parent.

3.4 The abusive parent’s ability to parent

Professionals are often very optimistic about abusive men’s parenting skills\(^\text{13}\), whilst scrutinising the mother’s parenting in much greater detail. Focus is often on what the non abusing parent is or is not doing to keep her children safe, with less focus given to the role the abusive parent is playing.

Research\(^\text{14}\), observations and clinical experience\(^\text{15}\) have found that abusive men’s parenting skills tended to show evidence of being:
- More irritable.
- Less physically affectionate.
- Less involved in child rearing.
- Less consistent.
- More authoritarian and using more negative control techniques, such as physical punishment.
- More likely to undermine the mothers’ parenting than non violent fathers.

Other characteristics that can have an important impact on children include being manipulative and using denial and minimisation of the abuse, and a resistance to changing their behaviour.

One of the areas of life heavily controlled by many abusive men is the mother's parenting. An abuser may cause or forbid his partner to terminate a pregnancy, overrule her parenting decisions, or assault her when he is angry over the children's behaviour.

 Victims of domestic violence tend to be far more likely than other mothers to feel that they have to alter their parenting styles when their partners are present. Some non-abusing parents report they are prevented from picking up a crying infant or helping a frightened child. They are often also stopped from providing other basic physical, emotional, or even medical care. The children may feel that their mother does not care about them or is unreliable and the abusive parents may reinforce those feelings by being critical of their mother\(^\text{16}\).

\(^{16}\) http://www.abuseofpower.info/Mother_BattererParent.htm
The abusive parent may assault or intimidate the mother if she attempts to prevent him from mistreating the children. He may harm the children more seriously to punish her for standing up for them.

The mother may be forced over time to stop intervening on her children's behalf. This can lead children to believe she doesn't care about the perpetrators mistreatment of them. It's difficult for children to have their needs met in such an atmosphere. Professionals can sometimes label her behaviour as “failing to protect” the children as a result.

Many abusers use children as a vehicle to harm or control the mother and this abusive behaviour can also continue post separation, during contact visits. Children are sometimes required to monitor and report back on their mother's activities.

4. Substance misuse and mental health

Alcohol, drugs, substance misuse and mental health do not cause domestic violence; however, they are contributory risk factors for victim, perpetrator and children.

4.1 Victims

Women who experience domestic violence are more likely to use prescription drugs, alcohol and illegal substances than the general population. For a victim of domestic violence, alcohol and drugs can represent a wide range of coping and safety strategies. Victims may start by using legal drugs prescribed by their GP to help cope with a violent relationship. Others may turn to alcohol and drugs as a form of self-medication and relief from the pain, fear, isolation and guilt that are associated with domestic violence. Alcohol and drug use can help eliminate or reduce these feelings and therefore become part of how the victim copes with the abuse.

Victims can be coerced and manipulated into alcohol and drug use. Abusers may introduce their partner to alcohol or drug use to increase the victim’s dependence on him and to control her behaviour and any attempts by the victim to stop alcohol or drug use are viewed as threatening by the controlling partner. Some abusers will actively encourage victims to leave treatment.

The double stigma associated with being both a victim of domestic violence as well as having a substance use problem can compound the difficulties of help-seeking, particularly for black and minority ethnic victims, especially if their community condemns the use of alcohol.

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17 J. Jacobs, The Links between Substance Misuse and Domestic Violence: Current Knowledge and Debates (London: Alcohol Concern, 1998)
19 ibid
Mental health problems such as depression, trauma symptoms, suicide attempts and self-harm can be symptoms of abuse and will need to be addressed alongside the issues of substance use and domestic violence.

The relationship between a victim’s alcohol and drug use and/or mental health problems and experiences of domestic violence may not be linked. Assessment and interventions for these victims need to be conducted separately, although as part of the same care plan, and at the same time in parallel to interventions around the domestic violence.

In Newcastle all drug and alcohol services commissioned by Newcastle City Council are contractually obliged to follow the Domestic Violence Drugs and Alcohol Protocol (see Appendix 8) and carry out a domestic violence risk assessment alongside their assessment and interventions for the drugs and alcohol use. This is supported by the Drug and Alcohol specialist Independent Domestic Violence Advisor (DandA – IDVA) based at Victim Support (see Appendix 9 for contact details).

Women who experience domestic violence are 15 times more likely to abuse alcohol and 9 times more likely to use drugs. However current service provision is unlikely to meet the needs of this client grouping. For example refuges often find it difficult to support women with alcohol and/or drug problems and as a result the risk to this group is increased.

In Newcastle approximately 70% of very high risk victims referred to MARAC have issues with alcohol and it is this group that is often hardest to engage and safeguard.

4.2 Abusive partners

Abusers may use their own or their partners’ alcohol or drug use as an excuse for their violence. An abusive partner may threaten to expose a victim’s use of these substances. He may be the victim’s supplier and may influence her attachment to him by increasing her dependence on drugs20.

Victims in abusive relationships are also at risk of sexual exploitation. Some perpetrators get their victims to sell sex to fund their drug habits and as a way to control and humiliate the victim. Those working in prostitution may be subjected to domestic violence through their relationship with their ‘pimps’. These relationships will invariably be based on power, control or the use of violence.

Despite the fact that alcohol, drugs and violence in relationships often coexist, there is no evidence to suggest a causal link. In addition, no evidence exists to support a loss of control caused by intoxication explanation for violence. Research and case examples show that abusive partners exert a huge amount of power and control on their victims regardless of intoxication.

Even when physical assaults are only committed whilst intoxicated, abusive partners are likely to be committing non-physical forms of abusive and controlling behaviours

when sober. It should never be assumed that by working with an abusive partner’s substance use the violent behaviour will also be reduced. In fact, the violence may increase when substance use is treated. Similarly, it should not be assumed that treating a domestic abuser’s mental ill health will necessarily reduce their violent behaviour; the violence may in fact increase.

**Practice Note**

Work with an abusive partner should comprise separate assessments and interventions for violence, substance misuse and/or mental ill health. The intervention outcomes are more likely to be positive if the violence, substance misuse and/or mental ill health are addressed in parallel.

Professionals working with a perpetrator around one of their issues (e.g. their drug and alcohol use) cannot presume that they are also getting support for their violent behaviour and vice versa. Addressing one issue will not resolve the other. Both must be addressed in parallel.

**4.3 Domestic Violence Drug and Alcohol Protocol**

In recognition of the challenge of supporting both victims and perpetrators with drug and or alcohol problems, Newcastle has put in place a protocol for identifying and managing domestic violence in clients engaged with drug services for adults. Drug and alcohol service providers and domestic violence support service often serve the same client base but this work is typically carried out in silo. Whilst many local agencies deal specifically with either domestic violence drug and/or alcohol abuse, no one service available locally is equipped to meet the complex needs of individuals and families where these issues combine.

In order to adequately address the coexistence of drugs, alcohol and domestic violence, formal linkages were established between agencies that support domestic violence victims and those that provide drug and alcohol services. A significant gap in terms of information sharing agreements, referral pathways and protocols was identified in particular around identifying victims of domestic violence using drug and alcohol services.

Research shows that women don’t mind being routinely asked about domestic violence by services if they know that all services users are being asked the question. For male victims, best practice recommends using selective enquiry on suspicion of domestic violence, rather than asking all males.

Work has been undertaken to address these gaps in identification of victims and information sharing and a mechanism put in place that supports the following:

- Routine enquiry is carried out in drug and alcohol Services with female service users and selective enquiry with male service users. Early identification of domestic violence is vital; by identifying victims at the earliest opportunity, problem solving is likely to be more successful. Asking service users about domestic violence is fundamental to ensuring a consistent approach to domestic violence.
- Implementation of the DASH (Domestic Abuse, Stalking and 'Honour'-based Violence) Risk Identification Checklist (RIC) in order to allow robust and consistent risk assessment processes across all drug and alcohol services and referral into domestic violence support services. The DASH RIC can be found at [http://www.caada.org.uk/dvservices/resources-for-domestic-abuse-practitioners.html](http://www.caada.org.uk/dvservices/resources-for-domestic-abuse-practitioners.html)

- Attendance at MARAC by representatives of drug and alcohol services with responsibility to act as a single point of contact and share information across and from all drug and alcohol services.

A copy of the Domestic Violence Drug and Alcohol Protocol can be found in Appendix 8.

**Practice Note:**
Do not assume that accessing help for alcohol or drug difficulties will stop someone’s violence or abusive behaviour. They will need to get help for their substance abuse alongside help for their abusive behaviour.

### 4.4 Impact on children of parental drug, alcohol and substance misuse

Parental drug, alcohol and substance misuse can and does compromise children’s health and development at every stage from conception onwards.

The adverse consequences for children are typically multiple and cumulative and will vary according to the child’s stage of development. These can range greatly in severity and are often subtle and difficult to detect. They can include:

- Failure to thrive.
- Incomplete immunisation and otherwise inadequate health care.
- Early substance misuse and offending behaviour.
- Poor educational attainment.
- Blood-borne virus infections.
- A wide range of emotional, cognitive, behavioural and other psychological problems.

Given the crossover between drug and alcohol use and domestic violence, these issues need to be acknowledged and addressed alongside each other.

The risk of harm to the child may be reduced by effective drug and alcohol treatment and support for the affected parent(s), as well as specialist support to keep the non abusing parent safe and address the perpetrator’s violent behaviour.

Factors which can reduce a child’s risk of harm and improve their likelihood of positive outcomes are:

- The presence of at least one other consistent, caring adult.
- A stable home with adequate financial resources.
- Maintenance of family routines and activities.
- Regular attendance at a supportive school.
The Advisory Council on the Misuse of Drugs (ACMD) suggests the following key points which underpin a strengthened and coherent approach to responding to the needs of children of drug users:

- By working together, services can take many practical steps to protect and improve the health and well-being of affected children.
- Effective treatment of the parent can have major benefits for the child.

All drug services commissioned by Newcastle City Council are contractually obliged to implement the Hidden Harm Protocol and carry out a pre-CAF assessment for any children of service users accessing drug treatment. This facilitates the drug services working together with services to support the children and helps to put children in the picture.

**Practice Note**

It is important for professionals to be conscious that where parental substance misuse and mental illness are issues, the needs of adults can overshadow those of the children. Professionals must therefore strive to always being alert to the effects adult behaviour can have on children in the household.
Safeguarding children abused through domestic violence

Practice guidance

Barriers to disclosure
Enabling disclosure
5. Barriers to disclosure

5.1 Barriers to disclosure for victims

There are many reasons why a victim will be unwilling or unable to disclose that she is experiencing domestic violence. Usually it is because she fears that the disclosure (and accepting help) will make the current situation worse and could be fatal. It could also be that she has had a negative outcome from a previous disclosure.

A victim may:
- Minimise her experiences and/or not define them as domestic violence (this view could also be culturally based).
- Be unable to express her concerns clearly (language can be a significant barrier to disclosure for many victims).
- Fear that her children will be taken into care.
- Fear the abusive partner will find her again through lack of confidentiality.
- Fear being killed if she speaks out about the abuse.
- Believe her abusive partner’s promise that it will not happen again (many victims do not necessarily want to leave the relationship; they just want the violence to stop).
- Feel shame and embarrassment and may believe it is her fault.
- Feel she will not be believed.
- Fear that there will not be follow-up support, either because services are just not available or because she is concerned about experiencing institutional discrimination, or because a previous disclosure resulted in no follow up or offer of support.
- Fear the abuser could have her detained by the authorities.
- Fear that she will be isolated by her community.
- Fear she will be deported.
- Fear that the perpetrators immigration status will be exposed and she will be punished with an escalation of violence.
- Be scared of the future (where she will go, what she will do for money, whether she will have to hide forever and what will happen to the children).
- Be isolated from friends and family or be prevented from leaving the home or reaching out for help.
- Had previous poor experience when she disclosed.

Some victims are simply not ready to disclose abuse. It is therefore important that professionals are always alert to the possibility that their client is experiencing domestic violence and to be ready to offer support.

Practice Note
Remember, just because a victim does not disclose abuse, or because they deny it does not mean that violence and abuse are not occurring. There are many reasons why victims will not, or feel they cannot, make a disclosure so it is important to build trust with them to facilitate a possible future disclosure.

Research shows that women from Black and Minority Ethnic communities experience domestic violence for an average of 10 years before they leave the relationship and are
much more reluctant to access services than other women. The longer the abuse goes on and the greater severity of the abuse makes it even less likely for Black and Minority Ethnic women to tell anyone or leave.

5.2 Barriers to disclosure for children

All children have the right to protection from violence and abuse and should have access to support. Children exposed to violence will react in different ways and have different levels of resilience. Not every child who witnesses abuse will experience long-term difficulties.

Children affected by domestic violence often find it difficult to make a disclosure, or can go to great lengths to hide the violence. This could be because the child is:

- Protective of the non-abusing parent.
- Protective of the abusing parent.
- Extremely fearful of the consequence of sharing family ‘secrets’ with anyone. This may include fears that telling someone will cause further violence to the non abusing parent and/or themselves.
- Being threatened by the abuser.
- Fearful of being taken into care.
- Fearful of losing their friends and having to change school.
- Fearful of exposing the family to dishonour, shame or embarrassment;
- Fearful that the non-abusing parent (and the children themselves) may be deported.
- Fear that the abusing parent or extended family may take them overseas.

See Appendix 3: Communicating with a child.

Professionals who work directly with children and young people, such as staff at SureStart Children’s Centres, teachers, youth workers, child care professionals or sports coaches, can be critical in identifying children affected by domestic violence if they are appropriately trained.

Professionals working with children should be alert to any signs that a child/young person is distressed and channels of help and support within their school or organisation should be flagged up as well as external helplines and sources of support. These professionals should also know how to deal with disclosures and where to access help and support for children and young people experiencing domestic violence.

Young children benefit from supportive caregivers and safe places such as childcare and school settings. Early childhood providers can assist young children affected by domestic violence by:

- providing a nurturing environment.
- creating predictability through childcare routines.
- developing strategies to support children’s adjustment in the childcare programme.

21 (Izzidien, Shayma; for the NSPCC; June 2008) “I can’t tell people what is happening at home” Domestic abuse within South Asian communities: the specific needs of women, children and young people.
• providing support to parents (e.g. child management strategies) and information about community resources.

6. Enabling disclosure

6.1 Enabling disclosure for children and non abusing parents

Where a professional is concerned about or has recognised the signs of domestic violence, the professional can approach the subject with a child or victim with a framing question. That is, the question should be ‘framed’ so that the subject is not suddenly and awkwardly introduced, for example:

For a victim: “As domestic violence is so common, we now ask everyone who comes into our service if they experience this. This is because if affects people’s safety, health and well-being, and our service wants to be supportive and keep people as safe as possible”.

If you receive a positive disclosure,
• Validate what has happened to the victim.
• Give key messages such as:
  o You are not to blame for what has happened.
  o You are not alone.
  o You do not deserve to be treated like this.
  o Allowing yourself to admit you are being abused is the first step to seeking help.
  o Abuse is not your fault and you have a right to be safe, protected and supported.
  o Men can suffer domestic violence and abuse too (to men).
  o Domestic violence does occur in same sex relationships.
• Ask the victim what she wants you to do.
• Act sensitively.
• Give several telephone numbers, including local domestic violence support services and Northumbria Police. See Appendix 9 for contact information.

Do not:
• Expect a positive disclosure, even if you suspect domestic violence.
• Push someone to disclose.
• Make decisions for the victims.
• Judge or make assumptions.
• Ask about domestic violence if anyone else is present.
• Act as a go-between between victim and perpetrator.

Part of your role, when working with victims of domestic violence is to create conditions of trust and confidence that will make it possible for victims to talk about what is happening to them.

As a minimum, a professional or organisation should be able to ensure that their current practice is informed by the following:
• Take the victim seriously and listen carefully to what she has to say. Remember that it can be very difficult to disclose domestic violence and ask for help.
• Give the victim plenty of time to talk; only interrupt to get essential information.
• Find out what the victim’s immediate problems are and what she wants from you. Explain how you can help within the limitations of your role.
• Interview the victim in private and respect confidentiality. Recognise the very real dangers which may be created if confidentiality is breached. Perpetrators can go to great lengths to track down their ex / partners.
• Keep an appropriate confidential record of the case. Your organisation may have limits to its confidentiality, for example where there are concerns about a child’s welfare, and you should make the victim aware of these. Remember that victims are often terrified of social services or police involvement in their lives.
• Give priority to ensuring the immediate safety of the victim and any children. Remember that she may be facing life-threatening violence. Find out what threats have been made. Does the victim have a safe place to go? If it is not safe for a victim to go home, Newcastle City Council has a responsibility to provide temporary accommodation.
• Be sensitive to and discuss the victim’s needs.
• Offer a worker of the same gender if possible. Be conscious that a worker from the same community as the victim may not be appropriate.
• If required, use a female interpreter for female victims. Always use a professional interpreter and never use the victim’s children to interpret as this creates an additional burden on them. Similarly, do not use another family member.
• Provide information about all the available options open to the victim but don’t make decisions for her. Remember that the victim’s options may be limited by lack of, or limited access to, resources. Don’t take over and tell the victim what to do – the perpetrator probably does that. The victim may need to regain self confidence in making decisions and taking control of her life. Don’t pressurise her to take action. It may be that she just needs to talk to someone and to feel that she isn’t completely alone.
• Refer appropriately. Recognise the skill and contributions which other agencies are able to make. Discuss these services with the victim and refer her to them, with her permission. Cooperate with other agencies and keep in touch with the victim if possible.
• Ask for a safe address and telephone number where you can contact the victim without the perpetrator knowing.
• Refer to the child and/or adult safeguarding lead in your organisation as appropriate if the victim is a vulnerable adult or there are children living in the home.

Practice Note
Remember that many victims of domestic violence feel totally trapped and cannot see any escape from their situation. They are often exhausted by the violence and abuse, terrified of their partner and feel that they no longer have the ability or confidence to do anything about it.

Let the victim know that many others in similar situations do escape and go on to lead safe, happy lives with their children. It can happen for her too.

See also Appendix 4: Clarification questions for a victim.
For a child: “We know that in many families, mums and dads have arguments and disagreement, does that ever happen in your family?”

The professional should explain the limits of confidentiality and his/her safeguarding responsibilities.

For more information about confidentiality and sharing information, please see the NSCB’s Supplementary Guidance on Sharing Information about Children, Young People and their Families available at: http://www.nscb.org.uk/staff-and-volunteers/procedures/sharing-information-about-children-young-people-and-their-families

If the child or their parent/carer discloses domestic violence, the professional should ask clarification questions such as those set out in: Appendix 3 Communicating with a child, Appendix 4 Clarification questions for a victim.

Professionals should not press the child for answers. Instead:
- Listen and believe what the child says.
- Reassure the children that the abuse is not their fault, and it is not their responsibility to stop it from happening.
- Give several telephone numbers, including Northumbria Police and local domestic violence services. See Appendix 8 for contact information.

6.2 Enabling disclosure for an abusive partner

Professionals should be alert to and prepared to receive and clarify a disclosure about domestic violence from an abusive partner/parent.

Professionals may have contact with a man on his own such as a GP, substance misuse or mental health support service, or in the context of a family through a school, accident and emergency unit, maternity service or Children’s Social Care. He may present with a problem such as substance misuse, stress, depression, psychosis or aggressive or offending behaviour – without reference to abusive behaviour in his household or relationship.

Before seeking to enable or clarify a disclosure from an abusive partner, professionals should first of all take into account their own safety, the safety of any children, the safety of the non-abusing parent and the safety of any other victims (such as ex-partners or extended family members).

See also:
Section 13: Safety Planning
Section 17: Staff Safety
Appendix 6: Safety planning with victims
Appendix 7: Safety planning with children and young people
6.3 Action after disclosure by a perpetrator

If the perpetrator discloses that domestic violence is an issue, or the professional suspects that it is, the professional should:

- Establish if there are any children in the household and, if so, how many and their ages.
- If there are children, tell the perpetrator that children are always affected by living with domestic violence and abuse, regardless of whether they witness it directly or not.
- Explain the limits of confidentiality and safeguarding responsibilities.
- Consider whether the level of detail disclosed is sufficient. If not, the professional may need to ask clarification questions such as those set out in Section 16.1 Working with men who abuse their partners.
- Be clear that abuse is always unacceptable and that abusive behaviour is a choice.
- Be respectful and empathic, affirm any accountability shown by the perpetrator, but do not collude. Denial and minimisation of the perpetrator’s role and ignoring abusive behaviour are forms of collusion, as is conveying a tacit acceptance of any forms of justification given for the violent behaviour. Domestic violence is unacceptable and many of these behaviours are against the law.
- Remember, perpetrators can be very manipulative and they do lie, so be cautious about taking everything they say at face value.

The professional should act to safeguard the children and/or the victim by:

- Informing their line manager and their agency’s nominated safeguarding children adviser.
- Using the Barnardo’s risk identification matrix (see Appendix 1) with the information available at the time to assess the degree of risk of harm to the children, in line with Section 8.7 below.
- Consult with the nominated safeguarding children adviser, in line with local procedures.
- Respond to the children and the victim in line with all sections in this practice guidance.
- Respond to the abusive partner in line with all sections in this practice guidance.

Some perpetrators who seek assistance to stop their use of violence have also experienced violence themselves and may use this as a justification for their own violence. At all times, workers need to keep separate the issues relating to a perpetrator’s own experience of being abused and his responsibility for his own use of violence against others. Any excusing, condoning or minimising of this use of violence on the basis of his own pain and difficulties reinforces his use of violence rather than challenges it, and is a form of collusion.

See also Section 16: Abusive partners / children.
Couples work, anger management, mediation and restorative justice are not appropriate responses to men’s abusive behaviour to women. This is because they do not include the full range of service necessary to provide a safe and meaningful opportunity for domestic violence perpetrators to stop being violent. These programmes also focus on therapeutic or treatment models, which do not take into account the dynamics of domestic violence and do not demand perpetrator accountability.

Anger management programmes are not appropriate because they are primarily about managing anger, rather than stopping violence and promoting safety. Such programmes do not have contact with or provide support to partners/ex-partners. A programme for perpetrators without such contact is not a safe programme.

Couples counselling alone, whilst it can and often does form a useful addition after successful behaviour change in a perpetrator programme, does not constitute a perpetrator programme, primarily because couples counselling will not be safe and effective for victims to participate in freely, a requirement for couples counselling to be meaningful. Both parties in couples counselling need to be able to speak openly about their partner’s behaviour and address problems in the relationship in the presence of the other partner. Victims of domestic violence speaking so openly would put themselves at risk of retaliation from the perpetrator, with implications for their safety.

Couples work may be considered ONLY:
• Subsequent to a man completing a perpetrator programme
• AND after a suitable period of non-violence
• AND where the woman is and feels able to freely enter couples work without fear for her safety or other negative consequences

**Practice Note**
The most effective way to alter men’s abusive behaviour is for him to attend a structured, weekly, male perpetrator programme which includes education, as well as challenging his behaviours and beliefs about gender and relationships in order to change their behaviour.

Do not refer perpetrators to anger management courses
Do not recommend couples counselling, mediation or restorative justice

A perpetrator programme needs to include a range of services which are necessary in order to make sure that the programme is run as safely as possible and with the maximum possible chance of supporting change. These include:

- Assessment for suitability to attend the programme.
- Risk assessment and management.
- Inter-agency working.
- Group work for perpetrators.
- Individual and group support for victims.
- Advocacy for victims.

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In Newcastle, the perpetrator programme is currently delivered through Barnardo’s. See Appendix 9 for contact details.

6.4 Identifying ‘legitimate’ victims and/or the primary perpetrator

Professionals often come across domestic violence cases which involve counter-allegations or where the boundaries between ‘victim/survivor’ and ‘perpetrator’ are blurred and identification of the primary perpetrator and victim can present a challenge. This can lead to cases being mistakenly identified as ‘mutual abuse’. The primary or ‘legitimate’ victim can be hidden in this way when the focus is on individual incidents of violence rather than on the patterns of power, control and coercive behaviours within the dynamics of the relationship.

Police attending an incident of domestic violence sometimes have difficulty in properly determining the dominant aggressor, resulting in the victim being arrested and charged for defending themselves, for retaliating or for initiating violence as a precursor to imminent violence directed against them. In other cases, there are indications that domestic violence perpetrators can be quite sophisticated at turning the law on victims by calling 999 themselves or by purposely injuring themselves before the police arrive as part of strategy of minimisation, denial or blame for their actions.

Distinctions between acts of domestic violence and self-defence can be confusing and determining the perpetrator and victim can appear difficult. It is also important to remember that either party can present their experiences as ‘mutual abuse.’ For someone using violence or abuse, this may be a way to minimise or excuse their behaviour. For someone experiencing domestic violence, this may reflect a concern for their partner or a focus on their perceived role rather than their experience of victimisation. However, for professionals with an understanding of power and control, the term ‘mutual abuse’ is clearly inappropriate as in most cases, one partner is exerting control over the other within the context of fear, intimidation and abuse.

Identification of the primary victim and perpetrator is important in such cases so as to avoid:

- Colluding with a perpetrator of domestic violence.
- Providing services to someone who does not need them.
- Equipping a perpetrator who presents as a victim with information that may be used against his partner.
- Failing to accurately assess risk to a partner and any children.

It is also important to remember to never rule out the possibility of bi-directional violence and abuse, or that an individual victim can have used negative behaviour and actions in the past. However, this information must be viewed in the context of an assessment alongside other forms of information such as records of past incidents provided by the police, referrals into MARAC or information from health professionals.

It is important to engage with the issue of dual arrests, counter-allegations of abuse and mutual abuse, and in order to identify who is experiencing domestic violence a close analysis of the relationship is required to identify the imbalance of power. This is
particularly the case in same sex relationships because same-gendered partners might be relatively similar in size and strength. Police and other professionals are sometimes challenged to conceptualise LGBT domestic violence because they may often be looking for a disparity in physical size between the injured party and the perpetrator

In evaluating the dynamics in the relationship the following questions should be asked:

- Who uses violence, when and why?
- What kind of violence do they use?
- What happens when they use violence?
- Is it what they intended or hoped for?
- What kinds of coercive controlling tactics are employed? And to what end?
- Are these tactics effective?
- Does race or ethnicity play a part? (in the case of someone from a black or minority ethnic community).
- Does sexual orientation or gender identity (in the case of LGBT relationships) play a part?

The screening process is not an absolute and someone who is a perpetrator is potentially skilled at manipulating any exchange, even with experienced professionals.

**Practice Note**

In identifying the victim and the perpetrator in a relationship, it is essential to examine the power, control and coercive dynamics of the relationship rather than focusing solely on incidents of violence and abuse.

The table below, developed by the Dyn Project provides some broad outlines of the difference between a perpetrator who presents as a victim and a legitimate victim.

<table>
<thead>
<tr>
<th>Actual Victim/Survivor</th>
<th>Perpetrator Presenting as a Victim</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minimises severity of incidents, although is likely to provide details and chronology</td>
<td>Minimises events, and is vague and unable to provide details</td>
</tr>
<tr>
<td>Takes responsibility for, or excuses the actions of perpetrator</td>
<td>Blames their partner for the incident</td>
</tr>
<tr>
<td>Empathy for partner, including difficult circumstances or childhood experiences</td>
<td>Focus on their experiences, little or no empathy for their partner</td>
</tr>
<tr>
<td>Feels remorse for fighting back or defending themselves</td>
<td>Feels aggrieved</td>
</tr>
<tr>
<td>Can identify a very specific reason why they called, often abusive</td>
<td>Less likely to identify a specific incident, instead focuses on general grievances</td>
</tr>
<tr>
<td>Ashamed of victimisation</td>
<td>Assertively claims victim status</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Actual Victim/Survivor</th>
<th>Perpetrator Presenting as a Victim</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fearful</td>
<td>Does not appear to be in any immediate risk, nor fearful</td>
</tr>
<tr>
<td>Confused</td>
<td>Overly confident</td>
</tr>
<tr>
<td>Has tried unsuccessfully to leave or repair relationship</td>
<td>Claims not to be able to understand why previous relationships ended</td>
</tr>
<tr>
<td>Feels a sense of obligation to abusive partner</td>
<td>May emphasise their role as a provider, or ‘saviour’</td>
</tr>
<tr>
<td>Focus on own responsibilities</td>
<td>Stereotyped view of roles in relationships</td>
</tr>
</tbody>
</table>

These sentiments will not all necessarily be presented during an assessment. Equally, many could be apparent in either the victim or the perpetrator. The issue is how these broad ideas can reveal the (abusive) dynamics of the relationship. It is therefore imperative to link information obtained from an assessment with other types of information (e.g., records of past incidents provided by the police).
Safeguarding children abused through domestic violence

Practice guidance

Responding to Domestic Violence
Assessment and intervention
7. Responding to domestic violence

7.1 Professionals’ responsibilities

Professionals will work with many victims who are experiencing domestic violence but have not disclosed. Research suggests that women usually experience an average of 35 incidents before reporting it to the police\(^{24}\).

Professionals in all agencies are in a position to identify or receive a disclosure about domestic violence and for this reason should be alert to the signs that a child or their parent may be experiencing domestic violence, or that a father/partner may be perpetrating domestic violence.

Professionals should offer all children and women, accompanied or not, the opportunity of being seen alone (including in all assessments) with a female practitioner, wherever practicable, and ask whether they are experiencing or have previously experienced domestic violence.

7.2 Disclosure and Recognition

Professionals in all agencies are likely to become aware of domestic violence through:

- Disclosure prompted by the professional's routine questioning or identification of signs that domestic violence could be taking place.
- Unprompted disclosure from a child, mother or abuser.
- Third party information (e.g. neighbours or family members).

Information from the public, family or community members must be taken sufficiently seriously by professionals in statutory and voluntary agencies. Failure to act on information provided in this way has been identified nationally through serious case reviews as a contributory factor in at least two-thirds of cases where a child has been seriously harmed.

Information could also come in the form of information shared by another agency or group, which a professional decides to respond proactively to because s/he becomes concerned that the agency or group which shared the information is not responding appropriately to support the children and/or their mother.

Good Practice recommends the use of routine enquiry, which involves routinely asking all female service users about domestic violence when carrying out initial intakes and/or assessments.

Pregnancy is an opportune time to ask women about domestic violence as many victims say that it made them think seriously about the future and how their children might be affected by the violence in the long-term\(^{25}\). Research shows that 30% of domestic

\(^{24}\) Yearnshire (1997)

\(^{25}\) Mezey and Brewley (2000)
violence begins during pregnancy. Similarly, low level abuse often escalates into violence during pregnancy.

This may be the victim’s first opportunity to disclose or their only contact with services in circumstances which allow for safeguarding action for themselves and their children.

**Practice note:**
Professionals should never assume that somebody else is addressing the domestic violence issues disclosed by a service user or child.

Professionals must ensure that their attempts to identify domestic violence and their response to recognition or disclosure of domestic violence do not trigger an escalation of violence.

In particular, professionals should keep in mind that:

- The issue of domestic violence should only ever be raised with a child or the non abusing parent when they are safely on their own and in a private place.
- Separation does not ensure safety; it often increases the risk to the children and the victim.

### 7.3 Information sharing

Professionals receiving information about domestic violence should explain that priority will be given to ensuring that the safety of the victim and their children is not compromised through the sharing of information.

If there is a concern about the risk of significant harm to the children, then every professional's overriding duty is to protect the children.


Professionals also have a duty to protect the victim and should do so under the Crime and Disorder Act 1998, which allows the sharing of information where a crime has been committed or is going to be committed.

For further information on the limits and duties around information sharing, follow your organisations procedures and protocols.

### 7.4 Statutory, voluntary, community sector or other group responsibilities in enabling disclosure and/or recognition

All organisations and groups should create a supportive, professional environment by ensuring that:
• Staff receive domestic violence training appropriate to their professional role, such as that provided through the Safe Newcastle Domestic Violence Training Programme.

• Give information about domestic violence, inviting victims and their children to seek help and giving contact details of local support services; including the telephone numbers for Northumbria Police and local domestic violence services. See Appendix 9 for details.

• Information about domestic violence is made available in a range of languages and different formats.

• Where interpreters are employed to translate, they are professionals (with Criminal Records Bureau checks) **not** family members, children or friends.

**Practice Note:**
It is good practice to incorporate routine enquiry about domestic violence into assessments. Routine enquiry has been effective in increasing disclosure, and evidence suggests that victims of domestic violence are more likely to disclose if they are asked directly.
8. Assessment and intervention

8.1 Information gathering and disclosure

Professionals should validate and support victims and their children who disclose by:

- Listening to what the child / victim says.
- Taking what s/he says seriously.
- Explaining the need to make sure that s/he and others in the family are safe. This will mean sharing information with professionals who can help the children and/or victim to stay safe (limits of confidentiality). See NSCB supplementary guidance on Sharing information about children, young people and their families at: http://www.nscb.org.uk/staff-and-volunteers/procedures/sharing-information-about-children-young-people-and-their-families
- Reassuring the children that the abuse (directed towards the non abusing parent and possibly also the children) is not their fault, and it is not their responsibility to stop it from happening.
- Giving the victim and any children several telephone numbers, including Northumbria Police and local domestic violence services. See Appendix 9 for contact information.

See Appendix 3 Communicating with a child.

**Practice Note:**
Professionals should only attempt to enable disclosure, or further disclosure, if they have been trained to do so and are supported by their agency’s policies, procedures and safeguarding children supervisory arrangements.

When a professional becomes aware of domestic violence in a family, whether through disclosure or other means, in order to assess and attend to immediate safety issues for the children, victim and professional, the professional should establish:

- The nature of the violence.
- If there are other children in the household. If so, the number of children and whether any are under 7 years or have special needs. Young children and those with additional needs are especially vulnerable because they may not have the ability to implement safety strategies and are likely to be dependent on the non abusing parent to protect them.
- Whether the perpetrator is living with the non abusing parent, and where the children are.
- What a child or non abusing parent’s immediate fears are.
- Whether there is a need to seek immediate assistance.
- Whether the children and the non abusing parent have somewhere safe to go.

The professional should:

- Where there has been disclosure, support the child and/or victim by taking what s/he says seriously.
- Make an immediate decision, where possible, about whether a child or victim requires treatment or protection by emergency services.
Where there has been disclosure, ask the child and/or victim what strategies s/he has for keeping him/herself safe (if any). See Section 13: Safety planning.

Carry out a risk assessment of the non abusing parent (using the DASH-RIC) and a risk assessment of the child (using the Barnardo’s Risk Identification Matrix).

Record the information and the source of the information.

Discuss the information / concerns with the agency’s nominated safeguarding children adviser and the professional’s line manager.

Use any known information about the victim and the family to assess the risk of harm to a child and his/her non abusing parent. The professional should consult with the nominated safeguarding children adviser, in line with local procedures. See Section 8.2. Assessing the risk of harm to a child.

The assessed risk of victim and child will assist the professional, the agency’s nominated safeguarding children adviser and the line manager in deciding what action to take to support the children and victim. It will be an immediate assessment; as more information becomes available the potential risk of harm to the children may be judged to increase or decrease (i.e. move up or down the scale).

The assessed risk will also assist the professional, the agency’s nominated safeguarding children adviser and the line manager in deciding what action to take in relation to the abuser.

See Section 6.2 Enabling disclosure for an abuse partner, Section 6.3 Action after disclosure by a perpetrator and Section 16 Abusive partners / children.

8.2 Assessing the risk of harm to a child

Fundamental to safeguarding and promoting the welfare of each child is having a child centred approach, which includes seeing the child and keeping the child in focus throughout assessments, while working with the child and family, and when reviewing whether the child is safe and his or her needs are being met.

This is in keeping with The NSCB ‘Principles Underpinning the Work to Safeguard and Promote the Welfare of Children’ which can be found at:

Barnardo’s have developed a Domestic Violence Risk Identification Matrix for use in safeguarding children abused through domestic violence. This Matrix has been developed to work alongside CAF and the DASH-RIC.

The aim of the Barnardo’s Matrix is to:
- Assist multi-agency and social care staff to identify risks to children from domestic violence.
- Assist multi-agency and social care staff in decisions whether a case presents as in need of a safeguarding response or family support.
- Help staff to make appropriate interventions for children, the non-abusing parent and the perpetrator.
- Provide a specific domestic violence risk assessment format within initial and core assessments within social care.
• Provide a model of safety intervention work for women.

The Matrix is a comprehensive tool which provides a multi-agency assessment framework to assess the level of risk to a child/young person who is experiencing domestic violence in their family. It also assesses the level of risk to the mother, incorporating adult focussed risk factors from MARAC. The Matrix identifies the nature and level of the perpetrator's violence and abuse and indicates the level of intervention required to support and safeguard children and in doing so also can be used to protect the mother. This tool allows professionals to begin to examine the impact of the domestic violence on the child and the non abusing parent.

This Risk Identification Matrix is an excellent tool to complement the CAF and MARAC processes operating in Newcastle.

8.3 How to use the Barnardo’s Risk Identification Matrix

A copy of the Barnardo’s Risk Identification Matrix can be found in Appendix 1.

The Risk Identification Matrix is a tool to assist professionals to use the available information to come to a judgement about the risk of harm to a child. This may include deciding that the available information is not enough to form a sound judgement about the risk.

Professionals who have not had specific training should, wherever possible, complete the risk identification matrix together with their agency’s nominated safeguarding children adviser.

A professional may have a lot or a very little information indicating that domestic violence is taking place within a family. The professional should look across the whole matrix and tick the description/s of the incidents / circumstances which correspond best to the information available at the time. This is likely to mean ticking several descriptions.

The scale headings at the top of each section indicate the degree of seriousness of each cluster of incidents / circumstances (e.g. Scale 1: moderate risk of harm).

Each scale has categories to assist professionals to think through whether the information is about the:

• **Evidence of domestic violence;**
  This is the most significant determinant of the scale of risk (moderate through to severe).

• **Characteristics of the child or situation which are additional ‘risk factors / potential vulnerabilities’;**
  These are the factors that may increase the risk of children suffering significant harm through the domestic violence.

• **Characteristics of the child or situation which are ‘protective factors’.**
  Professionals should keep in mind that protective factors may help to mitigate risk factors and potential vulnerabilities.
A family’s situation may mean that there are ticks under more than one scale heading e.g. moderate (scale 1) and moderate to serious (scale 2). Where this is the case, professionals should judge the risk to the children to be at the higher level (in this case, scale 2) and plan accordingly.

Professionals should always keep in mind the possibility that a piece of information, currently not known, could significantly raise the threshold of risk for a child.

The risk identification matrix in Appendix 1 should be carried out in parallel to the DASH RIC carried out with the mother/victim.

For more detailed information on professional responses see: Section 8.6 Thresholds and interventions - Common Assessment Framework (CAF) Section 8.7 Thresholds and interventions – child protection.

8.4 Assessing the risk to the mother using the Domestic Abuse, Stalking and Honour Based Violence Risk Indicator Checklist (DASH-RIC)

The Domestic Abuse, Stalking and Honour Based Violence - Risk Identification Checklist, (DASH – RIC) was developed by CAADA as a common checklist for identifying and assessing risk, which will save lives. This form was also designed for agencies that are part of the MARAC process and is used by professionals and agencies across Newcastle to assess the level of risk of victims of domestic violence and for referral into MARAC, as appropriate.

The CAADA DASH RIC can be found at: www.caada.org.uk/marac/RIC_without_guidance.pdf

The primary purpose of the RIC is to identify risk to the adult victim and to be able to offer appropriate resources/support in the form of the MARAC process for the most serious cases. Furthermore, the information from the checklist will enable agencies to make defensible decisions based on evidence from extensive research of cases, including domestic homicides and ‘near misses’, which forms the basis of the most recognised models of risk assessment.26

There are commonly three criteria for referring a case to a 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.

26 http://www.caada.org.uk/library_resources.html#2
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. In Newcastle, we use 4 or more Police call outs in a 6 month period.

**Practice Note:**
Please pay particular attention to practitioners’ professional judgement in all cases. Risk assessment should not be based solely on a ‘tick box’ exercise.

The results from a checklist are not a definitive assessment of risk. However, they do provide a structure to inform professional judgement and act as prompts to further questioning, analysis and risk management whether via a MARAC or in another way. If a professional is able to complete the abuse grid this gives additional valuable information to help in making a sound decision.

Practitioners must be aware that this is a risk identification checklist and not a full risk assessment nor a case management form. It is a practical tool that can help identify who should be referred to MARAC and how the use of resources should be prioritised.

Risk is dynamic and practitioners need to be alert to the fact that risk can change very suddenly. The presence of children increases the wider risks of domestic violence and step children are particularly at risk. However, this DASH RIC tool is not a full risk assessment for children. If risk towards children is highlighted, professionals should consider what referral is needed to obtain a full assessment of the children’s situation.

**8.5 Factors which increase vulnerability and risk**

Babies under 12 months old are particularly vulnerable to violence. Where there is domestic violence in families with a child under 12 months old (including an unborn child), even if the child was not present, any single incident of domestic violence will fall within scale 4 of the Barnardo’s Matrix. Professionals should make a referral to Children’s Social Care, in line with NSCB Child Protection procedures which can be found at: [http://www.nscb.org.uk/staff-and-volunteers/procedures/child-protection](http://www.nscb.org.uk/staff-and-volunteers/procedures/child-protection)

If there are children under the age of seven in the family, this could raise the level of risk since young children are also more vulnerable. This is because they do not have the ability to implement safety strategies and are dependent on the non abusing parent to protect them. In cases such as this, the characteristics of the child and situation which are ‘protective’ need to be carefully considered.

If there is a child or a mother who has a disability or other additional need, the risk of harm to the child, the mother and other children in the family is increased because the child or mother may not have the ability to implement an effective safety strategy.
If the mother is a vulnerable adult, or there are other vulnerable adults living in the household, professionals should follow the Newcastle Safeguarding Adults Procedures which can be found at: http://webccs002.newcastle.gov.uk/core.nsf/a/adultsprotect

If the victim or their children are from a black or minority ethnic community they may be experiencing additional vulnerabilities which need to be taken into account. See also Section 2.6, Families with additional vulnerabilities.

Violence directed towards a mother may draw attention away from the fact that a child in the family may be being sexually or physically abused or targeted in some other way. Research shows that in 30 – 70% of cases where a woman is being abused, her children are also being directly abused either physically or sexually by the perpetrator27.

See also
NSCB supplemental guidance at http://www.nscb.org.uk/staff-and-volunteers/procedures/supplementary-guidance

NSCB Safeguarding Children Procedures section: Children in Need guidance http://www.nscb.org.uk/staff-and-volunteers/procedures/children-need

NSCB Neglect Procedures http://www.nscb.org.uk/staff-and-volunteers/procedures/774-neglect

8.6 Thresholds and interventions - Common Assessment Framework (CAF)

There is an increased recognition of the importance of early intervention and prevention in work with children and young people to reduce incidences of neglect, abuse, family breakdown, and social exclusion and to avoid outcomes which would diminish rather than enhance their potential.

Newcastle City Council recognises the challenge involved in moving resources, over time from reactive and specialist support to support for prevention, early identification and intervention.

In recognition of the importance of early intervention and a multi agency approach, the Common Assessment Framework (CAF) has been developed for Newcastle. A CAF can assist in providing better, more evidence based referrals into targeted and specialist services and allows for the presentation of referral information in a uniform and evidenced way.

The use of CAF can identify four levels of need, each level having its own particular emphasis and approach to prevention, which are as follows:
- Level 1 – Children with no identified additional needs (universal services).
- Level 2 – Children with additional needs (single agency response).
- Level 3 – Children with additional needs (multi agency response).
- Level 4 – Children with Complex needs.

27 Women’s’ Aid Website http://www.womensaid.org.uk/domestic_violence_topic.asp?section=0001000100220002
Details of the full CAF procedures can be found at the following link: http://www.newcastle.gov.uk/care-and-wellbeing/childrens-social-care/caf-procedures

Children and young people who reach Level 4 of need have met the criteria for statutory intervention, having been assessed as at risk of significant harm. This includes all of those with a child protection plan in place.

The overall aim of the CAF is to increase the probability that children and young people at Level 1 will remain at that level, and that those at Level 2 and above will not escalate to higher levels and ideally move to a lower level.

**Practice Note**
The children at Levels 1 and 2 on the continuum of need are where most attention and investment are needed to avert problems arising, to ensure early identification and ensure a coordinated response to problems as they arise.

Although domestic violence is specifically identified as a risk factor for children identified as being at Level 3, parental conflict is included as a risk factor at Level 2.

See also 6.4 above, Identifying ‘legitimate’ victims and the primary perpetrator.

**Practice Note**
Early identification of parental conflict at Level 2 through the CAF process allows for interventions and support to be put in place for the child/young person and the non abusing parent to reduce their risk of harm due to domestic violence and reduce the likelihood of the children reaching Level 3.

A CAF is usually instigated by a professional who recognises a need for support for a child that goes beyond the scope of their profession such as a teacher, health visitor or play worker. The parent and/or child typically also recognise the need for support and they are involved in the process of completing the form either directly or by checking and signing what the professional has completed.

Information on the Common Assessment Framework (CAF), including a tool to assist practitioners in identifying risk, resilience and protective factors can be found at the following weblink: http://www.newcastle.gov.uk/care-and-wellbeing/childrens-social-care/thresholds-social-care

**For further information about CAF or for support in completing a CAF, contact The CAF Team:** Phone 0191 2115805 or email caf@newcastle.gov.uk

**8.6.1 Scale 1 – moderate risk of harm to the children identified**

Threshold scale 1 assesses the potential risk of harm to the children as moderate. A child in this situation will have additional needs as defined within the common assessment framework (CAF). The children and their mother are likely to need family
support interventions which can be offered by the agency itself or by another single agency.

The professional should:

a. Re-check that there are no factors which increase the vulnerability of the children, see Section 2.6 above which might raise the risk into a higher scale.

b. Make a record of the assessment and the information which underpins it, and inform their line manager.

c. Complete a CAF or refer under local arrangements for a CAF to be completed, for each child in the household. If the mother does not consent to the completion of a CAF, this raises the threshold. The professional should consult their agency’s nominated safeguarding children adviser and consider discussing the situation with Children’s Social Care;

d. Consider what their own agency can contribute as part of any CAF interventions and/or make a referral to another agency to offer an intervention under the CAF.

e. CAF planning must include safety planning for the children and mother in line with Section 13: Safety planning.

f. Refer the abuser to an appropriately accredited perpetrator programme, if there is genuine willingness to engage with services to address his behaviour. See also Section 16: Abusive partners / children.

g. Follow-up to ensure that the CAF plans have been actioned and reviewed, including, as appropriate, that the abuser is engaged with services to address his behaviour.

8.6.2 Scale 2 – moderate to serious risk of harm to the children identified

Threshold scale 2 assesses the potential risk of harm to the children as moderate to serious. A child in this situation will have additional needs, as defined within the common assessment framework (CAF). The children and their mother are likely to need family support interventions offered by more than one agency, which are co-ordinated by a lead professional. The professional should follow the procedures at Section 7 above – Responding to domestic violence.

In addition, the professional should:

a. Make a notification or referral to Children’s Social Care if the mother does not consent to the completion of a CAF, as this raises the threshold.

b. Share information with relevant multi-agency professionals (information can be shared without consent where there are concerns about the risk of harm to the children or the non abusing parent). Record the decision to share and the rationale for doing so.

c. Convene or attend a multi-agency CAF meeting and consider what their own agency can contribute as part of any multi-agency CAF interventions;

d. CAF planning must include safety planning for the children and non abusing parent in line with Section 13 below – Safety planning.

e. Refer the abuser to an appropriately accredited perpetrator programme, if there is genuine willingness to engage with services to address his behaviour. See also Section 16: Abusive partners / children.

f. Follow-up to ensure that the CAF plans have been actioned and reviewed, and, as appropriate, that the abuser is engaged with services to address his behaviour.
8.7 Thresholds and interventions – child protection

8.7.1 Scale 3 – safeguarding, serious risk of harm to the children identified

Threshold scale 3 assesses the potential risk of harm to the children as serious. In threshold scale 3, protection factors are limited and the children may be suffering or be at risk of suffering significant harm. Intervention and support for the children and their non abusing parent will require Children’s Social Care planning, via a Section 17 Child in-Need Assessment.

The professional should:
- Refer the victim/non abusing parent into the MARAC process. If the risks to the child are this high, then the risks to the non abusing parent will be equally high and will require a multi agency response.
- Re-check that there are no factors which increase the vulnerability of the children (see section 2.6 above) which might raise the risk into a higher scale;
- Make a record of the assessment and the information which underpins it, and inform their line manager.
- Contact Children’s Social Care to make a referral, in line with NSCB Referral, Investigation and Assessment procedures: http://www.nscb.org.uk/staff-and-volunteers/procedures/child-protection
- Children’s Social Care may assess the children to be children in need, and offer services under Section 17. Children Act 1989. However, child protection intervention (i.e. section 47. Children Act 1989) may be necessary if the threshold of significant harm is reached.
- Children’s Social Care should initiate safety planning for the children and the non abusing parent in line with Section 13: Safety Planning.
- Share information with relevant multi-agency professionals, having obtained consent.
- Record all actions and contacts (with the children, the non abusing parent, the perpetrator and any other professionals) and information given and received, including the decision to share it and the rationale for doing so.

For detailed information about MARAC, see CAADA’s frequently asked questions about MARAC at the following weblink:
http://www.caada.org.uk/marac/MARAC_helpdesk.html

8.7.2 Scale 4 – initiate child protection procedures, severe risk of harm to the children identified

Threshold scale 4 assesses the domestic violence as severe with increased concern regarding children’s well-being due to additional contributory risk factors. In threshold scale 4, protective factors are extremely limited and the threshold of significant harm is reached.

The professional should:
- Refer the victim/non abusing parent into the MARAC process. If the risks to the child are this severe, then the risks to the non abusing parent will be equally high and will require a multi agency response.
b. Make a record of the assessment and the information which underpins it, and inform their line manager.

c. Make a referral (written or via telephone, and followed up in writing) to Children’s Social Care, in line with NSCB Referral, Investigation and Assessment procedures: http://www.nscb.org.uk/staff-and-volunteers/procedures/child-protection

d. Children Social Care may assess the children as being in need of protection and initiate section 47 enquiries, a core assessment and, where necessary, a child protection conference.

e. Children’s Social Care should initiate safety planning for the children and non-abusing parent in line with Section 13 Safety Planning.

f. Children’s Social Care and other relevant agencies/organisations should plan for the safety of professionals in contact with the perpetrator.

g. Share information with relevant multi-agency professionals, this can be done without consent.

h. Record all actions and contacts (with the children, the mother and the abuser and other professionals) and information given and received, including the decision to share it and the rationale for doing so.

For detailed information about MARAC, see CAADA’s frequently asked Questions about MARAC at the following weblink: http://www.caada.org.uk/marac/MARAC_helpdesk.html

8.8 Responding to domestic violence where there are no children in the household

Having confirmed that there are no children in the household, the professional may consider the following:

- Establish if the victim is a vulnerable adult, and if so, professionals should follow the Newcastle Safeguarding Adults Procedures which can be found at: http://webccls002.newcastle.gov.uk/core.nsf/a/adultsprotect

- Use the DASH Risk Identification Checklist (http://www.caada.org.uk/dvservices/RIC_and_severity_of_abuse_grid_and_IDVA_practice_guidance.docx) to assess the level of risk of harm to the victim and if the victim is deemed high risk, consider making a referral into the MARAC process,

- Refer the victim to local domestic violence support services. See Appendix 9 for contact information.

For detailed information about MARAC, see CAADA’s ‘frequently asked questions’ about MARAC at the following weblink: http://www.caada.org.uk/marac/MARAC_helpdesk.html
Safeguarding children abused through domestic violence

Practice guidance

Northumbria Police Response
Children’s Social Care
Health Services
Education and Schools
9. Police response

Police may receive contact from a victim of domestic violence, third party or abusive partner in several ways, for example; a telephone call (emergency or non-emergency line), direct enquiry at the station, an approach in the street, or via a multi-agency meeting or partner agency referral.

If the police receive a contact from a child requesting help in relation to domestic violence, the police must take immediate protective action and follow up with a child protection referral to Children’s Social Care in line with NSCB Referral, Investigation and Assessment procedures: [http://www.nscb.org.uk/staff-and-volunteers/procedures/child-protection](http://www.nscb.org.uk/staff-and-volunteers/procedures/child-protection)

Northumbria Police will investigate all incidents of domestic violence and will complete a risk identification checklist with each victim to assess risk, refer into MARAC as appropriate, and inform immediate appropriate safety planning measures to ensure the safety of the victim and any children they may have.

If children are part of the family composition where domestic violence is reported, Northumbria Police will use their professional judgement as to the risks to the child, prior to making report to Children’s Social Care. Northumbria Police take a risk-based approach in relation to domestic incidents where either party has a child.

Frontline police are required to create a CCN in the following circumstances:

- Where the child was present
- Where an offence took place whether the child was present or not
- Where the victim of the domestic incident is assessed as high risk using the DASH risk assessment tool
- Where there is any concern for the child’s welfare because of the circumstances.

The information Northumbria Police share with Children’s Social Care may drive further information sharing and case conference discussion.

The Northumbria Police Protecting Vulnerable People’s Unit (PVP) has domestic violence as part of its remit. The officers within the PVP have received specialised domestic violence training.

The PVP work alongside Newcastle Victim Support Independent Domestic Violence Advisor (IDVA) Service, which ensures that victims are referred appropriately to local domestic violence specialist agencies which can provide support to them and any children they have. This allows for the IDVA Service to support the victim after referral into MARAC and throughout the legal process, should the case go to court.
10. Children’s Social Care

Children’s Social Care should respond to a referral of a child at risk due to domestic violence in line with this practice guidance and the relevant sections of the NSCB Child Protection Procedures available at http://www.nscb.org.uk/staff-and-volunteers/procedures/child-protection

Social workers will assess the child and their family using the Framework for the Assessment of Children in Need and their Families (DH, 2000) and the Barnardo’s Risk Identification Matrix (see Appendix 1), taking into account such factors as the:

- Nature of the abuse.
- Risks to the child posed by the abuser.
- Risks of serious injury or death.
- Abuser’s pattern of assault and coercive behaviours.
- Impact of the abuse on the non abusing parent.
- Impact of the abuse on the child.
- Impact of the abuse on parenting roles.
- Protective factors
- Outcome of the non abusing parent’s past help-seeking activity.

11. Health services

Health service professionals should respond to domestic violence in line with:

- This practice guidance.
- The Newcastle upon Tyne Hospitals NHS Foundation Trust’s ‘Policy for responding to incidents of Domestic Violence/Abuse’.

12. Education and Schools

Newcastle City Council Education and Schools professionals should respond to domestic violence in line with this practice guidance and the relevant sections of the NSCB Child Protection Procedures available at: http://www.nscb.org.uk/staff-and-volunteers/procedures/child-protection
Safeguarding children abused through domestic violence

Practice guidance

Safety planning
13. Safety planning

13.1 Safety planning

Safety planning for victims and children is key to all interventions to safeguard children in domestic violence situations. All immediate and subsequent assessments of risk to children and their non-abusing parent should include a judgement on the family’s existing safety planning. Emergency safety plans should be in place whilst assessments, referrals and interventions are being progressed.

In some cases which reach threshold scale 4 (severe risk of harm to the children), the emergency safety plan/strategy should be for the children and, if possible, the non-abusing parent, not to have contact with the abuser. However, it must always be remembered that asking a vulnerable and frightened victim to keep a violent and controlling man out of her home and away from her children may be impossible for her to implement.

Even legal measures to keep perpetrators away, such as injunctions and bail conditions are difficult for the police to enforce because they cannot keep track of the perpetrator at all times. Putting the victim in the role of enforcer for something that even the police are challenged to follow through on is setting her up to fail and should not form part of a safety plan.

**Practice Note**

Putting a vulnerable and frightened victim in charge of keeping a violent and controlling perpetrator out of her home and away from her children may be impossible for the victim to implement and is essentially setting her up to fail. This should not form part of a safety plan.

Professionals should only attempt to agree detailed safety planning with a child or non-abusing parent if they have been trained to do so and are supported by their agency’s policies, procedures and safeguarding children supervisory arrangements. If these requirements are met, the professional should develop a safety plan in accordance with Section 13.2 below, using the template in Appendix 6.

**Practice Note:**

Professionals should only attempt to agree detailed safety planning with a child or non-abusing parent if they have been trained to do so and are supported by their agency’s policies, procedures and safeguarding children supervisory arrangements.

13.2 Safety planning with victims

Safety planning needs to begin with an understanding of the victim’s views of the risks to herself and her children and the strategies she has in place to address them. It is usually not safe for a victim to bring a written safety plan home with her. However, if a plan is in writing, it can be retained in the case file and then reviewed from time to time.
to see if anything has changed and if new safety plans need to be put in place or updated.

Risk is dynamic and safety planning is thus also dynamic; because of this the safety plan needs to be reviewed and updated periodically.

Professionals should use the template in Appendix 6: ‘Safety planning with victims’ as a tool to help the victim develop a safety plan. The safety plan template is an aide memoire rather than a form that needs to be completed line by line with the victim.

Practice Note
Safety plans should be reviewed and updated on a regular basis because risk is dynamic and the risks can change (either increasing or decreasing). Risks to the victim and the children generally increase significantly after separation.

13.3 Remaining with an abusive partner

A key question is whether a victim plans to remain in the relationship with the abusive partner. If she does, professionals should assess the risk of harm to the children using the Barnardo’s risk identification matrix (Appendix 1), to decide whether the risks of harm to the children can be managed with such a plan and a CAF is also recommended to be completed for each child.

If the victim is too frightened of her partner to leave him, or is choosing not to separate, then the abusive partner may need to be involved in the assessment and intervention, but at all times taking into account safety issues for the victim and children.

Professionals should make all reasonable efforts to engage the abusive partner and refer him to an appropriate perpetrator programme, if he is willing to engage with the service.

Professionals need to consider with the victim the actions required prior to contacting the abusive partner to ensure the safety of the victim and any children’s. Specifically, professionals should not tell the perpetrator of any disclosures about violence and abuse and all contact needs to be within the context of having developed a robust safety plan with the victim and any children.

If by the professional discussing concerns with the abusive partner’s behaviour puts the victim and children at further risk, then the professional and the victim should discuss separation. However, it must be acknowledged and recognised that separation may not be possible for the victim to implement, that she may well return to the relationship, or she may have difficulty in keeping her partner away. All of this must be taken into account in the safety plan.

See also Section 16: Abusive partners / children.

13.4 Separation
If a victim wants separation, professionals need to ensure that there is sufficient support in place to implement this plan. Specifically, professionals should be aware that separation itself does not ensure safety and that it often increases the risk to the children or victim.

**Practice Note**
In cases of domestic violence, the time immediately after separation is a time of heightened risk for the victim and children. Many perpetrators increase the severity of the violence at this point.

The possibility of removing the abusive partner rather than the victim and children should always be considered first. See Appendix 5: Legal options.

The obstacles that prevent a victim leaving an abusive partner are the same as those which prevent victims from disclosing the domestic violence in the first place: fear that the separation will be worse than the current situation or possibly even fatal (see Section 5.1 above, Barriers to disclosure for victims). Separation may lead to new forms of abuse such as stalking and harassment as well as conflict over child contact, all of which heighten the risk level of the victim and children.

Professionals need to be aware that separation may not be the best safety plan if the victim is not wholly committed to leaving, because she may subsequently return to the relationship. Similarly, if the perpetrator is determined to remain in the relationship and/or the family home regardless of the wishes of the victim and regardless of the expectation of professionals, the courts or the police, it will be very difficult to enforce the separation.

Where a professional and a victim disagree about the need for separation, the professional’s task is to convey to the victim that her reasons for wanting to stay are understood and appreciated.

However, if the threshold of significant harm is reached (Scale 4) the professional must make a referral to Children’s Social Care in line with NSCB Referral, Investigation and Assessment procedures: [http://www.nscb.org.uk/staff-and-volunteers/procedures/child-protection](http://www.nscb.org.uk/staff-and-volunteers/procedures/child-protection).

The professional may also wish to call for a child protection conference, or plan for the removal of the children. Details of these procedures can be found at [http://www.nscb.org.uk/staff-and-volunteers/procedures/child-protection](http://www.nscb.org.uk/staff-and-volunteers/procedures/child-protection).

**13.5 Where the risk to the children is assessed as being threshold scale 1 or 2**

A professional should be nominated to proactively engage with the victim and maintain contact with her, particularly after separation. If there are children involved, it is recommended that a CAF be completed for each child, as well as a safety plan for each child and for the victim. Key organisations which may be involved in the CAF and the safety planning are health, housing service providers, the children’s school, the IDVA service, the police PVP, Women’s Aid/Panah or other refuge, as appropriate.
Professionals should keep the safety of the children constantly under review, reassessing, in the light of any new information, the risk of harm using the risk identification matrix. If the risk of harm to the children rises to scales 3 or 4, the lead professional must follow the procedures set out in Section 8 above, including, as appropriate, contacting or making a referral to Children’s Social Care in line with NSCB procedures:
http://www.nscb.org.uk/staff-and-volunteers/procedures/child-protection

Victims need to know from the outset that this process may need to be enacted.

See also NSCB Children in need procedures at:
http://www.nscb.org.uk/staff-and-volunteers/procedures/children-need

13.6 Where the risk is to the children assessed as being threshold scale 3 or 4

Children’s Social Care should advise on or lead the safety planning, working together with domestic violence specialist providers and other support services.

See also NSCB child protection procedures
http://www.nscb.org.uk/staff-and-volunteers/procedures/child-protection

13.7 Safety planning with children and young people

As soon as a professional becomes aware of domestic violence within a family, s/he should use the template in Appendix 7: ‘Safety planning with children and young people’, to work with each child, according to their age and understanding28, to develop a safety plan. If a safety plan already exists, it should be reviewed.

The plan should emphasise that the best thing a child can do for themselves and their non abusing parent is not to intervene but to keep safe and, where appropriate, to get away and seek help.

The children should be given several telephone numbers, including Northumbria Police Protecting Vulnerable People Unit and local domestic violence specialist services. See Appendix 9 for contact information.

When the victim’s safety plan involves separation from the abusive partner, the disruption, difficulties and potential risks to the children and the associated risks to the victim need to be considered and addressed.

Maintaining and strengthening the non abusing parent/child relationship is, in most cases, key to helping the child to survive and recover from the impact of the violence and abuse.

28 ‘Fraser competency’ guidelines for deciding if a child is mature enough to make a decision are available at NSPCC Factsheet (July 2012)
http://www.nspcc.org.uk/inform/research/questions/gillick_wda61289.html#How_are_the_Fraser_Guidelines_applied?
Children living with and recovering from domestic violence need a long term support plan, with the services ranging from mentoring and support to integrate into a new locality such as school/nursery, attendance at clubs and other leisure / play activities through to therapeutic services and group work to enable the child to share their experiences and address and recover from the impact of the domestic violence.

Professionals should ensure that in planning for the longer term support needs of the children at all levels, input is received from the full range of key agencies such as school, health, housing services, IDVA Service, the police Protecting Vulnerable People’s Unit, Women’s Aid, Panah or other refuge, relevant local activity groups and/or therapeutic services.

**Practice Note**
A safety plan developed for a child or young person should emphasise that the best thing a child or young person living with domestic violence can do for themselves and their non abusing parent is not to intervene but to keep safe and, where appropriate, to get away and seek help.
Safeguarding children abused through domestic violence

Practice guidance

Child contact after separation
Young people
14. Child contact after separation

Many victims, despite a decision to separate, believe that it is in the children’s interest to see their father. Others are compelled by the courts to allow contact. It can happen that Children’s Social Care have worked with the mother to end the relationship and have supported her to keep the children away from their father, only to have the courts then mandate contact. It should be noted that in less than 1% of cases child contact is refused by the court.

Victims are most vulnerable to violent assault and serious harm in the period after separation. Contact can also be a mechanism for the abusive partner to locate the victim and children and to continue the abuse.

Children can also be vulnerable to violent assault used by the perpetrator as a means of hurting the non abusing parent. Perpetrators often use contact with the children to hurt the victim by, for example, verbally abusing or criticising the victim in front of the children or blaming the victim for the separation. Thus, through contact the children can be exposed to further physical and/or emotional and psychological harm and distress.

Professionals supporting separation plans should consider at an early point the victim’s views regarding post-separation contact. The professional should clearly outline for the victim the factors which need to be considered to judge that contact is in the child’s best interests.

Professionals should also speak with and listen to each child regarding post-separation contact.

Professionals should complete an assessment of the risks to the victim and children from contact arrangements.

Where the assessment concludes that there is a risk of harm from the perpetrator, the professional must recommend that no unsupervised contact should occur until a fuller risk assessment has been undertaken by an agency with expertise in working with perpetrators who abuse their partners.

Professionals should advise victims of their legal rights if an abusive partner makes a private law application for contact. This should include the option of asking for a referral to Children and Family Court Advisory and Support Service (CAFCASS); see http://www.cafcass.gov.uk/.

If there is an assessment that unsupervised contact or contact of any kind should not occur, professionals should ensure that this opinion is brought to the attention of any court hearing applications for contact.

Professionals should ensure that any supervised contact is safe for the victim and the children, and reviewed regularly. The children’s views should always be sought as part of this review process.
15. Young people

Please note the Cross Government Definition of Domestic Violence (see Section 2.1 above) is currently under review and is planned to change, during the 2012-13 sitting of parliament, to also include young people aged under 18.

Research and crime figures show that young women in the 16 to 24 age group are greatest risk of being victims of domestic violence. Victims under the age of 18 years (who in some cases are also parents) should receive support and safeguarding in line with the Children Act 1989 and Children Act 2004.

For young women aged 18 to 24 years who are identified as a vulnerable adult\(^{29}\), professionals should follow their local Protection of Vulnerable Adults (POVA) procedure, as appropriate. Details of these procedures can be found at: http://webccs002.newcastle.gov.uk/core.nsf/a/adultsprotect

Professionals who come into contact with young people such as teachers, school nurses, sexual health professionals or GPs should be aware of the possibility that the young person could be experiencing violence within their relationship.

Professionals with concerns that a young person aged under 18 who is experiencing domestic violence and abuse within a relationship should follow this practice guidance, in particular around safety planning, and risk assessment of the victim.

See also NSCB Vulnerable Young People’s procedures: http://www.nscb.org.uk/staff-and-volunteers/procedures/vulnerable-young-people-procedure

Forced marriage and honour based violence are forms of domestic violence which occur in communities which place a high value on the protection of the honour of the family and which have strong patriarchal traditions. There are serious implications for children and young people who may be impacted.

In cases of forced marriage and honour based violence some of the principles and guidance for working with children and families may inadvertently place the victim at greater risk of harm. This includes the principle that the best place for a child or young person is with his/her family and the practice of attempting to resolve cases through family counselling, mediation, arbitration and reconciliation.

For further detailed guidance on forced marriage and honour based violence, see the NSCB website http://www.nscb.org.uk/staff-and-volunteers/procedures/forced-marriage-and-honour-based-violence16.1

\(^{29}\) A vulnerable adult is someone who: Is aged over 18; may need care services because of mental, physical or learning disability, age or illness; cannot always protect themselves from harm
Safeguarding children abused through domestic violence

Practice guidance

Abusive partners and children who use violence with family members
16. Abusive partners and children who use violence with family members

Professionals responding to abusive partners or children should take a victim centred approach and act in accordance with the severity of the violence and the impact the abuse has on the victim.

16.1 Working with men who abuse their partners

See also Section 6.2: Enabling disclosure for an abusive partner.

The primary aim of work with men who abuse their partners is to increase the safety of victims and their children. A secondary aim is to hold the abusive partner accountable for his violence and provide him with opportunities to change.

Men who abuse their partners will seek to control any contact a professional makes with them or work undertaken with them. Most abusive partners will do everything they can to avoid taking responsibility for their abusive behaviour towards their partner and their children.

Where an abusive partner is willing to acknowledge his violent behaviour and seeks help to change, this should be encouraged and affirmed. Such men should be referred to appropriate, accredited programmes which work to address the cognitive structures that underpin controlling behaviours. Professionals should avoid referring them to programmes for anger management, because this approach does not challenge the factors that underpin the abusive partner’s use of power and control.

When a victim leaves a violent situation, the abusive partner must never be given the address or phone number of where she is staying.

Professionals should never agree to accept a letter or pass on a message from an abusive partner unless the mother has requested this.

Joint work between a victim and perpetrator should only be considered after a perpetrator has successfully completed an accredited perpetrator group work programme, violence has ceased for a significant length of time and the victim feels safe engaging in joint work.

Men who abuse their partners should be invited to joint meetings with the victim only where it is assessed that it is safe for this to occur and adequate safety plans are in place to protect the victim.

See NSCB procedures on Criteria For exclusion from Conference: http://www.nscb.org.uk/staff-and-volunteers/procedures/32-criteria-exclusion
Anger management courses are not appropriate for perpetrators of domestic violence because this approach does not challenge the attitudes, beliefs and values that underpin their use of power and control within relationships and will not stop their abusive behaviours.

16.1.1 Asking questions

Practitioner’s responses to any disclosure, however indirect, could be significant for encouraging responsibility and motivating a man towards change.

If the man presents with a problem such as drinking, stress or depression, for example, but does not refer to his abusive behaviour, these are useful questions to ask:

- How is this drinking / stress at work / depression affecting how you are with your family?
- When you feel like that, what do you do?
- When you feel like that, how do you behave?
- Do you find yourself shouting / smashing things?
- Do you ever feel violent towards a particular person?
- It sounds like you want to make some changes that will benefit you and benefit your partner / children.
- What help would you like to assist you to make these changes?
- What choices do you have?
- What can you do about it?

If a man responds openly to these prompting questions, more direct questions relating to heightened risk factors may be appropriate:

- It sounds like your behaviour can be frightening.
- What happens when you get angry with your partner or your family?
- Do you ever shout at your partner?
- Have you ever frightened your partner and your children?
- Have you ever hit your partner or pushed her around?
- What (specific) violence have you used?
- When was the first time you were violent to your partner?
- What’s the worst violent thing you’ve done to your partner?
- Have you ever assaulted or threatened your partner with a knife or other weapon?
- What has been the most recent incident of violence?
- How are the children affected?
- Have you abused / assaulted your partner in front of the children?
- Have the police ever been called to the house because of your behaviour?
- Do you feel unhappy about your partner seeing friends or family and do you ever try to stop her?
- Did / has your behaviour changed towards your partner during pregnancy?
- What worries you most about your behaviour?
- Are you aware of any patterns in your behaviour?
Is the abuse getting worse or more frequent?
How do you think alcohol or drugs affect your behaviour?

Practice Note
The information you gather will be used as the basis for your decision about how best to engage and what kind of specialist help is required - either for the man or to manage the risks to the victim and any children.

16.1.2 Responding to disclosures from abusive partners

Practitioners can make a difference and they can influence a family’s situation and a child’s wellbeing, by following good practice response guidance, such as:

- Be clear that abuse is always unacceptable.
- Be clear that abusive behaviour is a choice.
- Affirm any accountability shown by the perpetrator.
- Be respectful and empathic but do not collude.
- Be positive. Perpetrators can change their behaviour.
- Do not allow your feelings about the perpetrator’s behaviour to interfere with your provision of a supportive service.
- Be straightforward. Avoid jargon.
- Be clear about the judgement of risk to the children and the consequences of this, including what actions the perpetrator is expected to take.
- Whatever the perpetrator says, be aware that on some level he may be unhappy about his behaviour.
- Be aware, and tell the perpetrator, that children are always affected by living with domestic abuse, whether or not they witness it directly.
- Be aware, and convey to the perpetrator, that domestic violence is about a range of abusive and controlling behaviours and not just about physical violence (see definition in section 2.1 above).
- Do not back the perpetrator into a corner or expect an early full and honest disclosure about the extent of the abuse.
- Be aware of the barriers to the perpetrator acknowledging his abusive behaviour and seeking help (i.e. shame, fear of child protection process, self-justifying anger).
- Be aware of the likely costs of continued abuse to the perpetrator himself and assist him to see these.

16.1.3 Risk management with abusive partners

Where the victim is indicating that she wishes the abusive partner to be involved in her and the child’s life, he should be referred to an appropriate, accredited perpetrator programme to be assessed for his suitability for the programme.

Additionally, before undertaking any safety planning / risk management work with an abusive partner, professionals should ensure that the mother is aware of what is being proposed, and that there is confidence that such work will not compromise her safety.
A risk assessment may show that it is necessary and appropriate to exclude the abusive parent from attending child protection conferences about their children. See NSCB procedures on Criteria for exclusion from conference: http://www.nscb.org.uk/staff-and-volunteers/procedures/32-criteria-exclusion

When the abusive partner indicates that he is worried about his behaviour, and is ready to take responsibility for his need to change, it may be appropriate to start to discuss plans for keeping his partner safe from his abusive behaviour, prior to work on the programme beginning. This might occur in situations where there is likely to be a delay in starting such work. It should only be undertaken after consultation with the agency offering the perpetrator programme.

Perpetrators should be referred to programmes accredited by Respect (www.respect.uk.net/). All programmes which are accredited by Respect are committed to delivering services in accordance with the Respect Accreditation Standard\(^{30}\).

In order to be accredited to the Respect standard, programmes must:

- Provide proactive partner contact for current, former and new partners of programme participants via a dedicated Integrated Support Service (ISS).
- Carry out risk assessments and case management to protect victims and children.
- Deliver group work programmes of sufficient length and quality to ensure the best possible opportunities for change.
- Take referrals from Family Courts, Social Services, health professionals, voluntary sector agencies and perpetrators themselves.
- In addition to direct client work, staff from the DVPP and the ISS also work in partnership with other statutory and voluntary sector organisations as part of a coordinated community response.

Currently most of the DVPPs in the UK are for male perpetrators who have female partners, reflecting the fact that the majority of domestic violence, particularly dangerous and ongoing domestic violence, is perpetrated by men against women.

However many organisations offer individual sessions to female perpetrators who have male partners and for people in same sex relationships and the aim is to develop more specialist services as resources allow\(^ {31}\). For information on these programmes, contact Respect by phone: 020 7549 0578, email: info@respect.uk.net or their website: www.respect.uk.net

Perpetrator programmes should always be integrated with associated women’s services and with specialist child protection services.

Abusive partners may also be referred to specialist child protection services such as projects which work with children with child protection plans in place and their families\(^ {32}\).


\(^{31}\) Domestic Violence Perpetrators Working with the cause of the problem http://www.respect.uk.net/data/files/lobbying/lobbying_tool_with.refs_20.7.11.pdf

\(^{32}\) This section is adapted from the Westminster Domestic Violence forum guidance for working with perpetrators of domestic violence and uses information from Respect.
See Appendix 10 for contact details for the Newcastle DVPP.

16.2 Northumbria Probation Trust’s work with convicted perpetrators of domestic violence
Northumbria Probation Trust works with adult offenders (aged over 18 year of age) who are subject to community sentences or licensed supervision on release from prison.

Each offender has an Offender Manager who manages their sentence from beginning to end, both in custody and in the community. The Offender Manager works with the offender to produce a sentence plan for all the different parts of the sentence, working in partnership with other agencies as required.

When an offender receives a custodial sentence of 12 months or more, they will be subject to a period on license when they are released, supervised by probation. The licence can also include measures to protect the public and specific individuals if required.

Where an offender is known to have issues of domestic violence in their relationships, regardless of whether their offences are domestic violence related or not, part of a supervision plan will usually include a requirement to attend a programme to address these attitudes and behaviours.

Community Orders
The Community Order has a number of possible requirements, or parts to the order, which are used in different combinations. Some of the requirements punish the offender, some protect the public and some work towards helping the offender to stop offending.

Community Orders will normally include between one and four requirements, depending on the seriousness of the offence and the work which needs to be done. This is decided by the court when the offender is sentenced. One such requirement could be to attend an offending behaviour programme such as one addressing domestic and/or sexual violence.

16.3 Probation Trust’s Domestic Violence Perpetrator Programmes
Where there are known issues of domestic violence (whether due to a domestic violence related conviction or not), part of the offenders supervision plan will usually include a requirement to attend a Probation Trust Perpetrator Programme.

The Probation Trust operates two accredited programmes for convicted perpetrators of domestic violence. Both of these programmes typically form part of an offender’s sentence and as such, non attendance can be a breach of the sentencing terms and Probation can take action to enforce these terms.

The two accredited programmes are as follows:
• **The Community Domestic Violence Programme (CDVP)** This is a group work programme for men who have committed at least one act of violence against a female partner or ex-partner. The programme runs for 26 – 28 sessions and aims to stop the perpetrator abusing their partner both physically and emotionally, to understand the impact their offending has on the victim and any children, to take responsibility for his behaviour and learn new ways to relate to their partner.

• **Solo** Solo is a one-to-one domestic violence course which the convicted perpetrator works through with their offender manager. It is for people who have committed an act of violence against a partner or ex-partner. This course lasts 12 sessions and also aims to stop the perpetrator abusing their partner both physically and emotionally, to understand the impact their offending has on the victim and any children, to take responsibility for his behaviour and learn new ways to relate to their partner.

Support is offered to the victim of the offence through an external contract whilst the perpetrator participates in these programmes.

**16.3 Multi Agency Public Protection Arrangements (MAPPA)**

Protecting the public is an important part of the work of the Probation Trust. For every offender, Probation undertakes a risk assessment, which shows how likely they are to reoffend and how serious a risk of harm they pose to the public. A risk management plan is then produced, which includes all the necessary work to manage that risk.

Many violent and sex offenders are managed through MAPPA. MAPPA is the process through which the police, probation and prison services work together with other agencies to manage violent and sexual offenders and protect the public from harm. It is a system of sharing information and combining resources to maximise the risk management in place for each individual offender.

Within MAPPA, there are a number of means available to protect the public, depending on the sentence the offender receives. This might include prohibiting offenders from going to specified public places, such as areas around schools or parks, from engaging in certain activities or from contacting certain people.

There are three categories of violent and sexual offenders that are managed through MAPPA:

1. **Registered Sex Offenders**, who are required to notify the police of their name, address and other personal details, under the terms of the Sexual Offences Act 2003. The length of the registration period is set by the courts when the offender is sentenced. It might be for anything from 12 months to life, depending on the age of the offender, the age of the victim and the nature of the offence.

2. **Violent offenders and some sex offenders** who are not required to register. They will all have served 12 months or more in custody and are now living in the community subject to licence conditions, supervised by probation.
3. **Other dangerous offenders who pose a risk of serious harm to the public.** They will have committed an offence in the past which shows they are capable of causing serious harm and also their current behaviour gives cause for concern.

Convicted perpetrators of domestic violence can fall under any one of these categories, depending on the nature of their offences and as such could be subject to MAPPA arrangements.

Offenders who come under MAPPA are managed at one of three levels, depending on the level of risk the offender poses and the amount of multi agency involvement needed to manage the risk. A risk management plan is specifically designed to manage each individual.

- **Level 1:** ordinary agency management – for offenders who can be managed by one or two agencies, usually police and/or probation. This will involve sharing information about the offender with other agencies if necessary and appropriate.
- **Level 2:** active multi agency management – for offenders where the involvement of several agencies is needed to manage the offender. Regular meetings are held between the agencies involved to discuss the offenders risk and formulate a plan to manage that risk.
- **Level 3:** senior active multi agency management – for offenders where the involvement of several agencies is needed at a senior level because special arrangements may be required to manage the risk. Senior officers need to attend meetings to authorise the use of special resources, such as police surveillance or specialised accommodation, or to provide ongoing oversight of the case at a senior management level.

At each level, the risk posed by an individual offender is discussed and risk management plans are specifically designed to manage each individual. Offenders can be moved up and down the levels of management as the risk they pose is reassessed.

Realistically, the Probation Services can never completely eliminate risk and sadly there will always be some offenders who continue to pose a threat. Through these arrangements Probation can take every action which is legally possible to manage and reduce risk.

The Probation Services keeps in contact with victims associated with those managed under MAPPA arrangements and updates them on any increase of risk to themselves posed by the perpetrator.

**16.4 Multi Agency Risk Assessment Conferences (MARAC)**

Northumbria Probation Trust is an active and contributing member of the Newcastle MARAC. This ensures that the Trust is linked into appropriate multi-agency structures to safeguard high risk victims of domestic violence and any children they have.

**16.5 The Probation Trust’s safeguarding children responsibilities**
The key functions of the Northumbria Probation Trust are to protect the public and to reduce re-offending. In executing these functions, Northumbria Probation Trust will always ensure that practice safeguards and promotes the welfare of children through high quality risk assessment and management.

The Probation Trust gives the highest priority to the management of cases where there is an identified risk of harm to children. Probation staff are equipped to risk assess and manage offenders who pose a risk to children.

In order to understand the offender within the context of their household, Offender Managers obtain details of other members of the household, including children. When an offender is identified as having children or residing with children (such as children of a partner or other family member), the offender manager will:

- Carry out a risk assessment in relation to the children.
- Make referrals to Children’s Services as appropriate.
- Make referrals into MARAC as appropriate.
- Work on a one to one basis with the offender, where appropriate and safe, to support their having a positive relationship with their children.

The Offender Manager uses home visits as an important tool to enhance risk assessments. Where there are concerns about the care of children, the Offender Manager can increase the level of home visiting in order to see the offender in the context of his/her home life. Their visits are typically made out of school hours so that children can be seen.

Any identified concerns about children are shared appropriately with Children’s Services and other agencies and followed up.

### 16.7 Children who use violence with family members

Children and young people of both genders can direct violence or abuse towards their parents or siblings. The hostile behaviour of children who abuse in this way may have a variety of causes for which the child will need support and treatment to overcome.

Professionals should refer a child who abuses to Children’s Social Care in line with NSCB Child Protection procedures: [http://www.nscb.org.uk/procedures](http://www.nscb.org.uk/procedures)

Safeguarding children abused through domestic violence

Practice guidance

Staff safety
17. Staff safety

Professionals are at risk whenever they work with a family where violence is occurring.

Professionals should:
- Be aware that in many of the families with which they work, domestic violence can be present but undisclosed or not recognised by the victim, perpetrator or children.
- Ensure that they are familiar with their organisation’s safety at work policy.
- Not undertake a visit alone to a home where there is a possibility that a violent partner may be present, nor see a violent partner alone in the office or any other venue.
- Avoid putting themselves in a dangerous position such as by offering to talk to the abuser about the victim or being seen by the abuser as a threat to their relationship.
- Ensure that any risk is communicated to other agency workers involved with the family.

Managers should ensure that professionals have the appropriate training and skills for working with children and their families experiencing domestic violence and use supervision sessions both to check that safe practice is being followed in all cases where domestic violence is known or suspected and to allow a professional the opportunity to voice fears about violence in a family being directed at them.

Roles and responsibilities of variety of sectors and organisations can be found at: http://www.nscb.org.uk/staff-and-volunteers/procedures/roles-and-responsibilities
Safeguarding children abused through domestic violence

Practice guidance

Appendices
Appendix 2: Key facts about domestic violence

- The 2008/09 British Crime Survey (BCS) shows around one in three (31%) violent incidents against women was domestic violence, compared with one in twenty of incidents against men. In over three quarters (77%) of incidents of domestic violence the victims were women.

- Domestic violence accounts for between 16% and 25% of all recorded violent crime. In any one year nationally, there are 13 million separate incidents of physical violence or threats of violence against women from partners or former partners.

- The BCS also shows that 6% of women were victims of domestic violence in the past year compared with 4% cent of men. However this focuses on single incidents, rather than on the complex pattern of overlapping and repeated abuse perpetrated within a context of power and control, with women being considerably more likely to experience repeated and much more severe forms of violence than men.

- Domestic abuse is widely recognised as a crime with a high incidence of repeat victimisation. Research shows that repeat victimisation for domestic violence is 44%. Research indicates that there is a gender difference in terms of repeat victimisation and domestic violence, with women being a greater risk of repeated incidents and experiencing much more severe abuse and escalating violence than men.

- Though only a minority of incidents of domestic violence are reported to the police, they still receive one call about domestic violence for every minute in the UK, an estimated 1,300 calls each day or over 570,000 each year. Of these, 89% were calls by women being assaulted by men.

- On average, two women per week are killed by a partner or ex-partner in England and Wales.

- 30% domestic violence begins or escalates during pregnancy.

- Walby and Allen in their 2004 study found that 31% of female victims and 63% of male victims had told nobody but the BCS interviewers about the worst incident of domestic violence that they had suffered during the last year. They also found that only 23% women and 8% men reported the domestic violence they had experienced to the police. Given this fact, then the number of reports received by the police only equals one quarter of the actual incidents of domestic violence occurring both locally and nationally.

- In 2009, the NSPCC carried out a study of violence in children and young people’s relationships. This study found that 29% of girls and 16% of boys had experienced some form of family violence.

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33 Women’s Aid Domestic Violence Frequently Asked Questions 2009; www.womensaid.org.uk
34 www.womensaid.org.uk
36 BCS 2001/02 tells us that the majority of crimes (58 per cent) are not reported to the police at all. www.womensaid.org.uk
- In Newcastle there is a peak in the age group 20-29 years with this age group accounting for 36% of all victims (Northumbria Police 2009).
- In relationships where there is domestic violence, children witness about three-quarters of incidents. About half the children in such families have themselves been badly hit or beaten. Sexual and emotional abuse are also more likely to happen in these families.\(^4^2\)
- Non-fatal domestic violence and stalking also continue or increase after separation for many women. According to the British Crime Survey, about 20% of domestic violence incidents are experienced after the relationship has ended and 76% of domestic homicides occur after separation.\(^4^3\)
- A 2003 survey from the BBC found that 29% of men and 22% of women felt that domestic violence was acceptable in some circumstances.
- 16 to 24 year olds are at greatest risk of suffering domestic violence.

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Appendix 3: Communicating with a child

See also NSCB: Principles underpinning work to safeguard and promote the welfare of children

When talking with and listening to a child about domestic violence professionals should:

- Never promise complete confidentiality. Explain your responsibilities.
- Do promise to keep the child informed of what is happening.
- Give the child time to talk and give yourself time to understand the situation from the child’s perspective.
- Create opportunities for the child to disclose whether in addition to the domestic violence they are also being, or at risk of being, directly physically or sexually abused by the abusive partner.
- Be straightforward and clear. Use age appropriate language.
- Encourage the child to talk to the non abusing parent about his/her own experience, as appropriate and if it is safe to do so.
- Emphasise that the violence is not the child’s fault.
- Let the child know that she/he is not the only child experiencing this.
- Make sure that the child understands that it is not his/her responsibility to protect his/her non abusing parent, whilst validating the child’s concern and any action s/he may have taken to protect their mother.
- Do not assume that the child will hate the abuser. It is likely that s/he may simply hate the behaviour.
- Allow the child to express their feelings about what s/he has experienced.
- Check with the child whether she/he knows what to do to keep herself/himself safe and if they have a network of adults who they trust. If not, work on this with them or ensure that any work done with the child by other practitioners includes safety planning. See section 13, Safety planning.
- Recognise that children will have developed their own coping strategies to deal with the impact of violence and abuse. Some of these may be negative in the longer term for the child, but where they are positive they should be drawn on to develop safety strategies for the future.
- Do not assume that the child will consider herself/himself as being abused.
- Do not minimise the violence.
- Offer the child support with any difficulties in school or ensure that any work done with the child by other practitioners includes support in school.
- Give the child information about sources of advice and support she/he may want to use.
- Give the message that the child can come back to you again.

Clarification questions for a child
In order to obtain accurate and reliable information from a child regarding a domestic violence situation, it is critical that the language and questions are appropriate for the child's age and developmental stage.

1. Types and frequency of exposure to domestic violence
- What kinds of things do mum and dad (or stepmum/stepdad, their girlfriend, boyfriend, partner etc) fight about?
- What happens when they argue?
- Do they shout at each other or call each other bad names?
- Does anyone break or smash things when they get angry? Who?
- Do they hit one another? What do they hit with?
- How does the hitting usually start?
- How often do your mum and dad argue or hit?
- Have the police ever come to your home? Do you know why? What happened?
- Have you ever seen your mum or dad get hurt? What happened?

2. Risks posed by the domestic violence

- Have you ever been hit or hurt when mum and dad (or stepmum/stepdad, their girlfriend, boyfriend, partner etc) are fighting?
- Has your brother or sister ever been hit or hurt during a fight?
- What do you do when they start arguing or when someone starts hitting?
- Has either your mum or dad (or stepmum/stepdad, their girlfriend, boyfriend, partner etc) ever hurt your pet?

3. Impact of exposure to domestic violence

- Do you think about mum and dad (or stepmum/stepdad, their girlfriend, boyfriend, partner etc) fighting a lot?
- Do you think about it when you are at school, while you’re playing, when you’re by yourself?
- How do you feel when the fighting is happening?
- Do you ever have trouble sleeping at night? Why do you think that is? Do you have nightmares? If so, what are they about?
- Why do you think they fight?
- What would you like them to do to make it better?
- Are you afraid to be at home? Are you afraid to leave home?
- What or who makes you afraid?
- Do you think it is okay to hit someone when you’re angry? When do you think it is okay to hit someone?
- How would you describe your mum? How would you describe your dad? (or stepmum/stepdad, their girlfriend, boyfriend, partner etc).

4. Protective factors

- What do you do when mum and dad (or stepmum/stepdad, their girlfriend, boyfriend, partner etc) are fighting?
- If the child has difficulty responding to an open-ended question, the worker can ask if the child has:
  - Stayed in the room.
  - Left or hidden himself/herself.
  - Gone for help.
  - Gone to an older sibling.
- Asked their parents (or stepmum/stepdad, their girlfriend, boyfriend, partner etc) to stop.
- Tried to stop the fighting.

- Have you ever called the police when your parents (or stepmum/stepdad, their girlfriend, boyfriend, partner etc) are fighting?
- Have you ever talked to anyone about your parents ((or stepmum/stepdad, their girlfriend, boyfriend, partner etc) fighting?
- Is there an adult you can talk to about what's happening at home?
- What makes you feel better when you think about your parents (or stepmum/stepdad, their girlfriend, boyfriend, partner etc) fighting?
- Does anybody else know about the fighting?
- Do you know the phone number of people/adults you could call in an emergency?
- Do you have a mobile telephone that you could use in an emergency?
Appendix 4: Clarification questions for a victim

Victims are usually too afraid or uncomfortable to raise the issue of violence themselves. So be prepared to ask sensitively, but directly.

Professionals may need to ask these questions several times and over several sessions before you receive a disclosure, and you may still never receive a disclosure.

These are suggestions for beginning a discussion with the victim and are not a list of questions that need to be asked one by one.

- Can you tell me what’s been happening?
- You seem upset, is everything all right at home?
- Are you frightened of someone/something?
- Did someone hurt you?
- Did you get those injuries by being hit?
- Are you in a relationship in which you have been physically hurt or threatened by your partner?
- Have you ever been in such a relationship?
- Do you ever feel frightened by your partner or other people at home?
- Are you (or have you ever been) in a relationship in which you felt you were badly treated? In what ways?
- Has your partner destroyed things that you care about?
- Has your partner ever threatened to harm your family? Do you believe that he would?
- Has your partner ever hurt a family pet or threatened to hurt them?
- What happens when you and your partner disagree?
- Has your partner ever prevented you from leaving the house, seeing friends, getting a job or continuing in education?
- Does your partner restrict your access to money or access your Child Benefit or other allowances?
- Has your partner ever hit, punched, pushed, shoved or slapped you?
- Has your partner ever threatened you with a weapon?
- Does your partner use drugs or alcohol excessively? If so, how does he behave at this time?
- Do you ever feel you have to walk on eggshells around your partner?
- Have the police ever been involved?
- Have you ever been physically hurt in any way when you were pregnant?
- Has your partner ever threatened to harm the children? Or to take them away from you?
- Has your partner ever harmed the children?
Appendix 5: Legal Options

Practitioners should be aware of legal options available to victims but should always refer the victims to specialist advice services for further details and guidance.

Criminal Justice System
Domestic violence is a crime under both civil and criminal law. Criminal matters are dealt with through the Criminal Justice System.

There are a number of offences that perpetrators can be charged with in relation to domestic violence. Examples include common assault, actual bodily harm, grievous bodily harm, attempted murder, indecent assault, rape, false imprisonment, harassment and criminal damage.

Investigation of crimes is conducted out by the police and prosecutions are carried out by the Crown Prosecution Service. The National Probation Service is responsible for supervision of adult offenders in the community.

It is important to get specialist support for victims if they are involved in a case against the perpetrator. The Newcastle IDVA Service is a specialist service which can support victims if they have to go to court. Victim Support also has a Witness Service and there is a Witness Care Unit within the Court system.

Some victims may be able to access compensation for injury or damage to property under the Criminal Injuries Compensation Scheme.

Civic Remedies for Victims
Under civil law, the Family Law Act 1996 gives victims certain rights and legal remedies to protect themselves. However, the law is complex and it is always advised to see a solicitor, police officer or specialist support agency such as CAB, a Law Centre, Women’s Aid or Victim Support IDVA Service.

Non-molestation orders / injunctions
It is possible to take out an injunction against anyone: e.g. father, husband, son, same sex partner, other family member or other household member. An order can prohibit a perpetrator from molesting any named person including any children. The molestation can take the form of physical violence but can also include other forms of violence and harassment. It can include specific injunctions such as instructing a perpetrator to stay away from the home.

Occupation orders
This may take a number of forms (e.g. enforcing the women’s right to remain in the home or restricting the perpetrator’s right to occupy it, even if he is a tenant or owner occupier). The court has power to order someone for example to live only in a certain part of the house or to allow someone back into the house. The court has wide powers to order someone not to surrender a tenancy or not to remove or destroy the contents of the home.
In most cases such orders are made for short periods of time and do not affect long term rights in the property. In the longer term an application can be made to the court for a tenancy to be transferred. An order may be for a specified period, usually six months, or for open-ended period or until a different order is made if further provisions are needed.

Anyone who is a person who is associated with the respondent may apply for an order and an application may be made on behalf of a relevant child. Associated persons are people who:

- Are or have been married.
- Are or have been civil partners.
- Are or have been co-habitees.
- Have lived in the same household (other than one of them being the other’s tenant, lodger, boarder or employee).
- Have agreed to marry.
- In relation to a child, they are both parents or have parental responsibility.

This list is not exhaustive.

**Power of arrest**
In order to provide better protection, the powers of arrest in relation to the above orders have been strengthened. Where the court makes an occupation or non-molestation order and it appears to the court that the abuser has used or threatened to use violence against the applicant or a relevant child, the court must attach a power of arrest unless it is satisfied that the applicant or child will be adequately protected without such a power.

If a power of arrest is attached, a person in breach of the order may be arrested without a warrant.

**Court procedure and privacy**
The victim can be reassured that the court process takes place in a private room at the court, which is not open to members of the public. The victim’s solicitor will prepare a written statement for her to sign in support of her application for an injunction and/or occupation order. The victim will need to attend court when her application is heard. The victim’s solicitor or barrister will put her case to the judge. Getting an injunction will involve at least one court hearing. Unlike a criminal case, there is no obligation on the opponent to attend - if he does not turn up, an order will be made in his absence.

In an emergency and/or if it is not safe to give the perpetrator prior warning of the application to the court, a court hearing will go ahead without notice to the opponent. Usually an order is granted to the victim. Sometimes the order will provide temporary protection until a further hearing of which the opponent has notice. Otherwise applications are made and the opponent is given prior notice of the court hearing.

**Standard of proof**
The standard of proof is civil court is lower than that in a criminal case. The civil court has to decide whether the allegations of violence are true on the balance of probabilities, where as in a criminal case, it must be beyond reasonable doubt.
In some cases, perpetrators do not even go to court or contest cases, so evidence such as reports to the police may not be required. However, if the perpetrator does fight the case, it helps if there is medical evidence and incidents have been reported to the police or witnessed by others.

**Housing Options**
Victims of domestic violence need to consider their housing options for both the short and longer term. If a victim feels unable to remain at the family home at least temporarily, the following options could be considered.

**Refuges**
Refuges provide safe, emergency temporary accommodation for women and children who need protection from abuse. The workers in the refuges can provide information, advice and support. They can give practical assistance with benefit claims, court appearance etc. However, facilities such as kitchens, bathrooms, and sitting rooms are shared and many refuges will not accept women with boys aged 12 or over.

The 24 hour national domestic violence helpline (0808 2000 247) is run in partnership by Refuge and Women’s Aid. As well as providing general advice and support, these agencies refer women to refuges in Newcastle, around the country, or advise on other possibilities if refuges are full.

**Staying with family and friends**
Depending on the circumstances, this may be an appropriate short term option. The victim may get more support and it is quick and cheap. However, it may also mean that she is easy for the abuser to find.

**Housing advice centres**
Housing advice centres can offer advice and guidance on a variety of housing options including

- Making a homelessness application.
- Applying for a management transfers.
- Applying for an Out of Area transfer.

**Immigration issues**
Professionals need to ensure that they have a firm understanding of issues around victims and their families with no recourse to public funds and how they can work with them, especially in relation to access to Legal Aid and Housing. This is particularly important for victims who have no recourse to public funds.

**Domestic violence and the two year rule**
People from abroad who enter or stay in the UK as a spouse, civil partner, unmarried or same sex partner to someone who is settled in the UK or is a British citizen are initially given limited leave to remain. They are subjected to a probationary period, at the end of which, with the support of their spouse or partner who is settled in UK, they can apply for indefinite leave to remain. This probationary period was extended to two years in 2003.
During the two year period, the spouse/partner from abroad is restricted from recourse to public funds. If the relationship breaks down, the spouse/partner from abroad becomes liable to be removed from the UK unless they can show the required evidence of domestic violence under the domestic violence concession to the rule. Fear that they will be deported is a factor that may inhibit women in such situations disclosing. Perpetrators often use this fear as a tool of control.

In such cases of domestic violence, victims may be eligible to apply for leave to remain under the Destitution Domestic Violence Concession.

**The Destitution Domestic Violence (DDV) Concession**
The Destitution Domestic Violence (DDV) concession was introduced in April 2012 and replaces the previous pilot Sojourner project.

The concession allows victims of domestic violence who would ordinarily have no recourse to public funds, to access benefits while they make a claim for indefinite leave to remain as a victim of domestic violence. Victims who gain the concession are given 3 months limited leave to stay in the UK while they make their application. This allows these victims access to refuge services paid for through housing benefit and financial support for themselves and their children during that time.

Practitioners should seek legal advice or advice from specialist domestic violence support agencies as to a victim’s eligibility to apply under the domestic violence concession.

Information on Applying for permission to settle in the UK as a victim of domestic violence, as well as information on the concession is available on the UK Border Agency Website: [http://www.ukba.homeoffice.gov.uk/visas-immigration/while-in-uk/domesticviolence/](http://www.ukba.homeoffice.gov.uk/visas-immigration/while-in-uk/domesticviolence/)
Appendix 6: Safety planning with victims

By raising the issue of domestic violence, professionals create opportunities to explore ways in which women and children can be safe.

A safety plan is a semi-structured way to think about steps that can be taken to reduce risk, before, during and after any violent or abusive incidents. It is important to stress that although a safety plan can reduce the risks of violence they cannot completely guarantee victims and children’s safety.

A safety plan does not need to be written down. It can form part of a conversation with a victim, although a professional may wish to keep a note of the plan in a victim’s case file. **Victims should not keep a written safety plan where it may be discovered by the abusive partner.**

Developing a safety plan

Victims experiencing violence will already have survival strategies they find effective. It is essential to acknowledge these and use them as guidelines for your work. A safety plan is about allowing victims to identify the options available to them within the context of their current circumstances.

Some questions to ask in drawing up a safety plan might be:

- Is there anyone you can safely talk to about the violence, who will not then tell your partner/ex-partner?
- Do you have important phone numbers available, e.g. family, friends, Women’s Aid helpline or the police?
- Do your children know how to contact these people?
- If you left, is there somewhere you could go?
- Can you ever anticipate when your partner is going to be violent? Such as after drinking, when he gets paid, after relatives visit?
- When you suspect your partner is going to be violent, is there somewhere else safe that could you go?
- Can you keep a bag of spare clothes at a friend’s or family member’s house?
- Are you able to keep copies of any important papers with anyone else? Such as passports, birth certificates, benefits book.
- Which part of the house do you feel safest in?
- Is there somewhere for your children to go when your partner is being violent and abusive (don’t run to where your children are as your partner may harm them as well)?
- What is the most dangerous part of your house to be in when your partner is violent?
- Have you discussed with your children a safety plan for what they need to do during an incident, such as do not intervene, get away and get help?

**Personal safety plan for women**

This safety plan has been developed by the SAFE Project at West End Women and Girls Centre, Newcastle. It should be used with victims who are escaping violence.
Practice Note
Remember it may not be safe for a victim to fill in the plan and take it with them. Always offer to keep any information or documentation on your premises.

Drug and alcohol agencies may wish to ask additional questions about how the victim’s and/or the perpetrator’s substance use is affecting the violence being experiencing.
Personal Safety Plan

This safety plan template is an aide memoire rather than a form that needs to be completed line by line with the victim.

Points to consider and discuss with your service user to try and help keep them and their children safe and minimise the risk of harm. If safe to do so, the client can keep a copy of this plan.

Name: ………………………………………………………………………………………………………

Date: ………………………………………………………………………………………………………

For an incident at home

1. Do you have access to a phone, landline, mobile or relatives?

2. Who will you call in an emergency?

   Example: Will you call 999?
   Will you activate a care line alarm?
   Family, friend or neighbour?

3. Could you tell your neighbours what has been happening and what you would like them to do if they hear noises? Are the neighbours reliable?

4. Could you tell your family/friends what has been happening and what you would like them to do if you contact them?

5. Could you rely on your family/friends in an emergency? Can you trust them?

6. Do your children know how to contact the police/family/neighbour as decided above?
   (Suggest that the children write this down as familiar names and numbers can be forgotten in a panic. Also make sure, if the children are old enough, that they know their own full name and address. You could write it down for them.)

7. Do you have/need a code word when contacting family/friends?

8. Do your children have a safe hiding place in the home if they cannot leave during an argument?

9. Have you got a list of useful numbers that you may need? This would include your friends, relatives, local police, refuge, etc.

10. If an argument seems unavoidable you can try to stay out of rooms that may have possible weapons e.g. kitchen, bathroom, stairs.

11. What is the safest way out of your house?
Leaving

Try to plan for leaving – though it’s better to leave with nothing, than not to leave at all. Abusers can often be more violent if they believe that you are leaving.

1. What is the best time to leave? (Discuss routines when abuser is not at home or when you are expected to be away from the house)
2. Have you considered how to safely get the children away?
3. Have you got coins/phonecards etc to contact help?
4. Try to leave money, an extra set of keys and (if possible) copies of important documents with someone.
5. Do you have pets to consider or make arrangements for?
6. Have you somewhere to stay, or someone who could look after the children, or lend you money?
7. Have you your own bank account, or are you able to open one and keep the books safe?
8. Can post be forwarded to somewhere else?
9. Where is the nearest police station when you go?
10. Can you keep a diary of abusive incidents with the date/time/any witnesses, somewhere safe?
11. Have you rehearsed an escape plan, and if appropriate, practised it with children?
   (Prepare to review the plan if any household circumstances should change)
12. Can you develop strategies to avoid situations and incidents, e.g. hiding weapons, avoiding enclosed spaces, leaving the house if you believe an argument is about to occur?

Safety in the home whilst separated

1. Are there sufficient locks and security measures (e.g. Sanctuary Scheme)?
2. Will neighbours contact police if they see abuser near or at the home?
3. Discuss a safety plan with children including teaching them to make a reverse charge call in case your partner takes the children. If appropriate, talk to them about not passing on information.
4. Inform school and childminders who may or may not collect the children (include photos).
5. Keep copies of any Non-Molestation/Restraining Orders in different bags, with family or friends and in an emergency bag.
6. Consider telling the police to operate the “Special Scheme” on your address and inform them of any injunctions etc, especially if you move address.
7. Call the police if the perpetrator turns up at the property or approaches you in public.
8. Seek legal advice about any contact issues, financial support or parental responsibility.

Protection and the law

1. Discuss and confirm details of injunctions, bail conditions or undertakings.
2. Do you know your solicitor’s details or police officer in charge of the case details?
3. Do you know how long the injunction is for?
4. Have you a copy of the injunction and do the police in your area have a copy?
5. If your partner breaks the injunction call the police immediately and inform your solicitor.

Being safe at work or in public

Decide who you will tell about your circumstances and whether you are still at risk.

1. Where do you feel most unsafe and what will you do if you are found there by the perpetrator?
2. Can you vary regular routes they might know (school/work)?
3. Can you speak to your manager about changing your routine at work, e.g. different finishing times, screening your telephone calls, someone to escort you to your car/bus-stop?

Safety and emotional health

The experience of any form of domestic abuse is exhausting and emotionally draining. The process of building a new life takes courage and incredible energy.

1. What can you do if you feel like returning to your partner?
2. How will you deal with contacting your partner (e.g. child issues)?
3. Who can you contact for support or when you need someone to talk to?
4. Are there support services locally and how can you access them?
Checklist – what I need to take with me when I leave

☐ National insurance number
☐ NHS Card number
☐ Passport
☐ Driving licence
☐ Chequebook
☐ Credit cards
☐ Building society book
☐ Income support papers
☐ Child benefit book
☐ Other benefit books
☐ Birth certificate for me and the children
☐ Insurance papers
☐ Marriage certificate
☐ Divorce papers
☐ Copies of injunctions / residency orders
☐ Address book
☐ Diary
☐ Keys
☐ Medications
☐ Rent book
☐ Details of telephone gas, electricity accounts
☐ Car documents
☐ Change of clothes
☐ Toys
☐ Baby milk, equipment
☐ Photographs
☐ Other
The safety plan template is an aide memoire rather than a form that needs to be completed line by line with the victim.

This safety plan should not be kept by the child. Professionals should give the child no written material except telephone numbers. Children can also use mobile phone and text messaging to seek help.

The child needs to rehearse this safety plan with you as part of safety planning intervention.
Child’s safety plan

If there are any angry actions or words in your house – you can’t stop it

But here are some things you can do:

1. Get out of the way.

2. Find a safe place.

   Where is this?

3. If it’s **SAFE**, phone the police - the number is 999.
   Here are some things you could say if you phone the police:
   
   Your name
   Your home address (do you know what it is?)
   What’s happening (for example: someone is hurting your mum)

4. Is there someone else you could also get help from (such as next door neighbour)?

5. Afterwards is there someone you can talk with about what has happened

6. If you are hurt who would you tell?

7. It’s OK to feel (e.g. scared, angry etc)

Remember, children’s safety plans need to be developed in tandem with actions adults take to protect them. It should not be a child’s responsibility to keep safe
Other people who can help me
Young person’s plan

The safety plan template is an aide memoire rather than a form that needs to be completed line by line.

This safety plan should not be kept by the young person. Professionals should give the young person no written material except telephone numbers. Young people can also use mobile phone and text messaging to seek help.

The young person can rehearse this safety plan with you as part of safety planning intervention.

Remember, a young person’s safety plan needs to be developed in tandem with actions adults take to protect them. It should not be a young person’s responsibility to keep safe

- You have a right to be safe and to be cared for in safety
- Violent words and actions at home are not your fault
- You cannot stop the violence but you can do some things to keep safe

To protect yourself you can break rules, like: say no, shout, kick and scream if you need help,

also: ________________________________________

The best thing you can do when there is violence at home is get out of the way

To be safe, what do you think are some things you can do:

1. Get out of the room where the violence is occurring

The room / place in your house where you feel safe is

____________________________

Is there is a lock on the door?

Do you know where the nearest telephone is?

____________________________

2. If it is safe you can telephone 999, ask for the police.

You will need to say:

Your name
Your home address
What’s happening
3. People you can trust in an emergency are: ________________________________

______________________________

______________________________

A code word you could use so they know you need help is __________________

Do you know if your brothers and sister have a safety plan too, and do you know what it is? Do they know your safety plan?

5. If you leave the house where would you go to

______________________________

______________________________

Could you leave a bag of things that are important to you at a safe relative / friend’s house

If you are hurt you will tell (including telephone numbers)

______________________________

If your mum is hurt you will tell (including telephone numbers)

______________________________

7. You can talk about how you feel with ________________________________

And you know their phone number ________________________________

8. The people who know this plan are:

Mother
Safe relative / friend
Teacher
Social worker
Others
Appendix 8 – Domestic Violence Drugs and Alcohol Protocol

**A Stepped Approach**

**Step 1**
Ask screening questions of female clients over 16 (and also to males where there are concerns of abuse?)

**Step 2**
Validate what has happened to them and give key messages (see below)

**Step 3**
Assess the client's safety
- Is your partner with you?
- Are you safe to go home?
- Where are your children?

**Step 4**
ACTION; explain services available, give leaflet, MARAC checklist if appropriate

**Step 5**
Document and record

**NB:** Throughout this process, always keep the client up to date with what is happening, key messages, recommendations and any referrals made.

**Routine Enquiry/Screening**

Frame the question first then ask a direct question

**FRAMING QUESTIONS**
“As violence in the home is so common we now ask all our service users about it routinely”

**DIRECT QUESTIONS**
“Are you in a relationship with someone who hurts you?”
“Did someone cause those injuries to you?”

**Assessment- Always ask routine Enquiry questions**

**History of or current domestic violence**

**UNCLEAR**

**YES**

**NO**

**Further investigation**

**NEED**

**YES**

**Immediate risk to self, children, others?**

**Always ask: Are you safe..?**

**Service Single point of contact (SPOC) will support all referrals to MARAC for their service and will liaise with IDVA**

**Undertake MARAC checklist**

**Do they reach MARAC threshold?**

**NO**

**YES**

**Consider referral to IDVA**
(Independent Domestic Violence Advisor)

**Consider Referral to Safeguarding Adults**
**Consider CAF**
**Care-plan and work with all risk areas to reduce risk of deterioration**

**General Guidance**

Remember – there are a number of ways an individual can be experiencing abuse (see over)

Always talk to client when they are alone and in a place of privacy

**Regular Review**

Instinct
Care plan review
Change in relationships/family circumstances

999
Discuss safety plan (see accompanying notes)
Children's/Adult Social Care Referral
Emergency accommodation Etc

**NB:**
If all you are able to do is offer key messages, this is a really important step

**Service Single point of contact (SPOC) will support all referrals to MARAC for their service and will liaise with IDVA**

Discuss with service SPOC

If appropriate, service SPOC to refer to MARAC and IDVA, MARAC Coordinator to place on MARAC list

**Key Messages**

- You are not to blame for what has happened
- There is help available
- You are not alone
- You do not deserve to be treated like this
- Allowing yourself to admit you are being abused is the first step in seeking help
- Abuse is not your fault and you have a right to be safe, protected and supported
- Men can suffer domestic abuse too
- Domestic Violence does occur in same sex relationships
Types of abuse

**Physical** slapping, kicking, pinching, shoving, choking, use of weapons, force feeding, forcing use of drugs/alcohol, burning, physical restraint

**Emotional abuse** blaming you for the violence, calling you a bad parent, sleep deprivation, enforced isolation, manipulation, criticism, jealous and obsessive behaviours, moods that ruin your home life

**Verbal abuse** name calling, angry outbursts, subtle, hurtful comments, sarcasm, put downs disguised as jokes, ordering rather than asking

**Sexual abuse** forced sex, rape, using objects, forced to watch or act in pornography, humiliation, forced prostitution

**Financial** withholding money, taking all your pay, giving you an allowance, not allowing you access to bank accounts, not allowing you to work, sabotaging your job, making you justify purchases

**Threats and intimidation** threatening to harm you, your property or your children/family members, damaging your property, threatening to commit suicide, threaten to get your children taken into care

Connection between domestic violence, drugs and alcohol

- For many victims, domestic violence and drugs and/or alcohol misuse are simultaneous concerns, with many victims using drugs and/or alcohol to help them cope with the emotional and physical pain of the violence
- Women experiencing domestic violence are up to 15 times more likely to misuse alcohol and 9 times more likely to misuse other drugs than women generally
- 40% of Asian women who seek treatment for alcohol misuse are experiencing domestic violence.
- Drug and alcohol use do not cause domestic violence, but they are often used by the abuser as an excuse for the violence, even though abusers are also violent and abusive when sober.

How might Abuse make you feel?
Like you are walking on eggshells and trying to make things better
Lonely, anxious, depressed, scared or confused, embarrassed or ashamed

Leaflets Available for use

The Domestic Violence Protection Project have produced three leaflets, all of which can be obtained via Safe Newcastle

- Safeguarding, Supporting and Empowering (green leaflet)
- Information for men (purple leaflet)
- Working with male perpetrators (blue leaflet)

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- 40% of Asian women who seek treatment for alcohol misuse are experiencing domestic violence.
- Drug and alcohol use do not cause domestic violence, but they are often used by the abuser as an excuse for the violence, even though abusers are also violent and abusive when sober.

“Women’s experiences of violence and abuse have a profound effect on their physical and psychological wellbeing. UK prevalence rates for the general population show that one in four women will have suffered domestic abuse at some point in their lives. It also shows that women are the primary victims and their partners, or ex-partners, the primary perpetrators.

For women in substance use treatment, the picture is even more concerning. US research figures consistently show that a high proportion of women have suffered recent domestic abuse and that approximately half of men in treatment admit to perpetrating such abuse. This is not, therefore, a secondary issue for treatment services.”

How might Abuse make you feel?
Like you are walking on eggshells and trying to make things better
Lonely, anxious, depressed, scared or confused, embarrassed or ashamed

Contacts

Domestic Violence Coordinator
277 7847
Training and Development Officer
211 5872
Safe Newcastle Drug Support Unit
278 8125

Referrals into MARAC

- Approximately 70% of very high risk victims referred to MARAC have alcohol issues, however the majority of these individual have been referred in by the Police
- Drug and Alcohol Service providers can make referrals into MARAC, although it is rare for such providers to make a referral
Appendix 9 Specialist Domestic Violence Services

Newcastle based specialist services

Domestic Violence Protection Project (DVPP)
Telephone: 0191 265 7344
The DVPP works with anyone affected by domestic violence and abuse including men who want to change their abusive and violent behaviour. The main aim of this service is to increase the safety of Women and Children.

There are 4 elements to the service:
- Men’s service – Perpetrator Programme
- Women’s service – needs led one to one support service with the option of a group work programme.
- Children’s service – one to one work and group work with children 3 – 14years using a range of approaches direct and non directive based on need and subject to appropriate levels of risk management

Newcastle Women’s Aid
Telephone: Freephone 0800 923 2622, or 0191 265 1248 (24 hours)
Provides 24 hours safe, emergency accommodation to women and children fleeing domestic violence. The outreach service offers telephone support, advice and advocacy to women experiencing abuse and control and to their manager/employer if required.

Northumbria Police Protecting Vulnerable People Unit
Telephone: 03456 043 043, ext 62431
Northumbria Police have Police Officers who are specially trained to support victims of domestic abuse and investigate domestic violence offences. They can also give advice about legal options and safety issues.

Panah
Telephone: 0191 284 6998
Panah is a specialist project which offers safe refuge accommodation and an outreach service to Black Minority Ethnic (BME) women and their children.

The Safe Project
Telephone: 0191 226 1155
The Safe Project is a domestic violence project based in the West End of Newcastle. They offer an advocacy service to provide practical and emotional support to victims and survivors of domestic violence, forced marriage and honour-based abuse. Although the service is primarily for women in the West End of Newcastle, the Safe Project never turns away a victim or survivor from outside the area and will work with male victims on an outreach basis. The West End Women and Girls Centre is a women-only building.
Safe 4 Life
Telephone: 0191 226 1155 or 0191 273 4942
SAFE 4 LIFE is a 10 week course for women aged over 18 who are victims or survivors of domestic violence and abuse. Their programme aims to give participants a clear understanding of relationships both good and bad. It aims to keep victims and survivors safe and make them feel stronger and better about themselves. The programme is delivered by community workers and domestic violence advocates from West End Women and Girls Centre and The Safe Project. The Safe Project can also offer private and confidential advice, support and guidance for participants as they move through the programme and after they have completed the 10 sessions. To book a place, contact the number above.

Victim Support Independent Domestic Violence Advisors (IDVA) Service
Telephone: 0191 283 5183
Offering free, confidential advice to all victims of domestic violence. Victim Support is open to anyone experiencing domestic violence. This includes male victims and members of Lesbian, Gay, Bisexual, Transgender (LGBT) community.

Trained workers are based in the Northumbria Police PVP Unit and work alongside the police. You do not have to report to the police to access the service. Any advice/support will be totally confidential. There is also an IDVA based within AandE at the RVI in Newcastle. Another DandA IDVA specialises in supporting victims of domestic violence who have issues with drugs and/or alcohol.

National Organisations

Broken Rainbow
Telephone: 08452 60 44 60
www.broken-rainbow.org.uk
Mondays and Thursdays 2pm - 8pm; Wednesdays 10am - 1pm
This is a national organisation which provides support for lesbian, gay, bisexual and transgender (LGBT) people experiencing domestic violence,

Respect
Telephone: 020 7549 0578
Respect is the national organisation which develops and accredits domestic violence prevention programmes and integrated support services. Their vision is to end violence and abuse in intimate partner and close family relationships. Their key focus is on increasing the safety and well-being of victims by promoting, supporting, delivering and developing effective interventions with perpetrators. They can provide information about perpetrator programmes across the country.

They also offer support services for perpetrators who are male, female, in heterosexual or same-sex relationships, as well as advice for male victims of domestic violence

The Respect Phoneline
0808 802 4040 (free from landlines and most mobile phones)
Monday - Friday 10am to 1pm and 2pm to 5pm
This is a confidential helpline for domestic violence perpetrators (male, female, in heterosexual or same-sex relationships).
The phoneline offers information and advice to support perpetrators to stop their violence and change their abusive behaviours. The main focus of the Respect Phoneline is to increase the safety of those experiencing domestic violence by engaging with the abusers and to reduce the risk. They also provide information for domestic violence perpetrator programmes.

**The Men's Advice Line**
0808 801 0327 (free from landlines and most mobiles)
Monday - Friday 10am- 1pm and 2pm - 5pm
This is a confidential helpline offering support, information and practical advice to male victims of domestic violence. If English is not your first language, call them and ask for an interpreter
RNID typetalk – textphone

**Childline**
Telephone: 0800 1111
This is a free and confidential helpline for children and young people in the UK. They can get help and advice about a wide range of issues, talk to a counsellor online, send ChildLine an email or post on the message boards

**NSPCC Child Protection Helpline**
Telephone: 0808 800 5000
The NSPCC provides advice and support to adults who are concerned about the safety or welfare of a child. The helpline is available 24 hours a day. Calls can be made anonymously.

**Other Support Agencies**

**Newcastle based**

**Adult Services**
Telephone 0191 277 2555 or 0191 277 2077
This service is responsible for the completion of initial assessments, coordinating safeguarding adult alerts and safeguarding adult protection plans.

**Alcoholics Anonymous**
Telephone: 0845 7697555
Offer free support for people with alcohol problems.

**Cruse Bereavement Care**
Telephone: 0844 4779400; 0191-276-5533
Monday to Friday 9.30am to 5pm
Cruse Bereavement Care exists to promote the well-being of bereaved people and to enable anyone bereaved by death to understand their grief and cope with their loss. The organisation provides free support and offers information, advice, education and training services for adults, young people and children. They also offer specialist advice for schools.
Children and Young People can contact the freephone helpline on 0808 808 1677
Monday - Friday, 9:30 am - 5:00 pm

**Changing Trax**
**Telephone: 0191 277 1376**
Changing Trax is a project within Newcastle Children’s Services which works with families where there are significant risks of children becoming looked after or their names being placed on the Child Protection Register. The work is solution focused and builds on the strengths of families to maintain children at home safely.

**Children’s Services**
**Initial Response Service, Children's Social Care**
**Phone: 0191 277 2500**
This is the first point of contact for anyone who is worried about a child's safety or welfare.
This is a team of professional people with a legal duty to safeguard children, especially those who are at risk of being abused or neglected and will be the first to respond to any concerns.

**Emergency out of hours duty team:**
**Telephone: 0191 232 8520**
The Emergency Duty Team (EDT) is part of Newcastle Adult and Children's Services. It is responsible for providing cover for social work emergencies that occur outside of normal office hours. The EDT is a generic social work team with responsibility for:
- Adult care mental health.
- Child protection.
- Children and families.

An Approved Social Worker is on duty at all times to cover emergency Mental Health Act assessments. This team does not offer the full range of daytime services out of hours. Their priority is to assess and manage social work emergencies. They aim to ensure that people are safe and cared for until a more thorough assessment of need can be carried out the following working day.

**Emergency Duty Team for Housing**
**Telephone: 0191 232 8520**

**Children’s Social Care**
**Telephone: 0191 277 2500**
This service is responsible for the completion of Initial Assessments, Child In Need Core Assessments, Child in Need Plan monitoring and reviewing, Child protection enquiries, Initial Child Protection Conference Reports.

**Safeguarding Adults Unit**
0191 278 8156
This Unit is responsible for safeguarding alerts on vulnerable adults. Advice and guidance on providing support for vulnerable adults can be sought from the Unit.

**Your Homes Newcastle**
**Telephone: 0191 278 8600** (To find out your local housing office)
YHN manages local authority housing on behalf of Newcastle City Council. They also provide emergency accommodation, immediate temporary relocation and permanent re-housing for victims and survivors of domestic violence.

Your Homes Newcastle operates community housing offices which provide residents and prospective residents with a local point of contact. A variety of services are available at the offices, including:
- Register for Your choice homes.
- Report a repair.
- Make a complaint or compliment.
- Report anti-social behaviour.
- Access to complementary services, such as Advice and Support.

**Local Safeguarding Children's Board**  
**Telephone: 0191 211 6470**
This is the key statutory mechanism for agreeing how organisations will co-operate to safeguard and promote the welfare of children and for ensuring the effectiveness of what they do. It is proactive in driving forward the duty of all partner agencies in relation to safeguarding and promoting the welfare of children.

**MESMAC North East**  
**Telephone: 0191 233 1333**
This is a gay/bisexual men’s health project which offers advice and information on many different health issues and violence.
www.mesmacnortheast.com

**Moneywise Credit Union**  
**Telephone: 0191 276 7957 / 0191 211 6983 / 211 6972**
Debt and loan advice. There are 19 other service points across Newcastle.

**Newcastle Lesbian Line**  
**Telephone: 0191 261 2277** (Thursday evenings 7.00 – 9.00pm)
This phone line gives and receives information about services and facilities both locally and nationally refer on, with regard to the individual needs of the user / signpost. They provide counselling and support.
www.newcastlelesbianline.co.uk

**North East Council on Addictions (NECA)**  
**Telephone: 0191 222 1262 (Core Services)**  
**Telephone: 0191 233 1026 (Bespoke Services)**  
Monday to Friday 09.00 -18.30
Offer free support for drug/alcohol addictions and gambling problems.

**Northumbria Police**  
If somebody's life is in danger or a crime is taking place, phone 999.  
To report all other crimes or incidents, or for general information and advice phone 101.

**REACH**  
**Telephone: 0191-212-1551**  
www.reachcentre.org.uk
REACH is a free, confidential support service which helps women and men aged 16 or over who have been raped or sexually assaulted. The centres are staffed by women who are experienced in dealing with the effects of rape and sexual assault. They will be happy to help you whether or not you wish to report the assault to the police. If you do decide to report it to the police, they can help you do that and act as a contact for you.

The Samaritans of Tyneside
Telephone: 0191 232 7272 (24 Hours) or 08457 90 90 90 (24 Hours)
Drop in available 9.00am – 9.00pm Monday – Friday (no appointment required)
15 Portland Terrace
Newcastle upon Tyne
NE2 1QQ

Samaritans provides confidential non-judgemental emotional support 24 hours a day for people experiencing feelings of distress or despair, including those which could lead to suicide.

Tyneside Rape Crisis Centre
Telephone: 0191-232-9858 (Helpline, also available evenings)
0191 222 0272 (Admin)
www.tynesidercc.org.uk

Tyneside Rape Crisis based in Newcastle offers a women-only counselling service for women survivors of adult rape, sexual assault and childhood sexual abuse.