

Specialist Domestic Violence Court Programme

Resource Manual

**MARCH 2008
2nd edition
Updated 2011**



Specialist Domestic Violence Court Programme Resource Manual

No.	Component	Page
	Introduction	4
1	Multi-agency partnerships with protocols	8
2	Multi-agency risk assessment and risk management procedures for victims, perpetrators and children	15
3	Identification of cases	27
4	Specialist support services	31
5	Trained and dedicated criminal justice staff	38
6	Court listing considerations	42
7	Equality and diversity issues	45
8	Performance management	47
9	Court facilities	52
10	Children's services	58
11	Managing perpetrators	63
12	Other services	
	Annexes	
1	National SDVC Steering Group and Government Offices	67
2	Diversity issues to consider when tackling domestic violence (DV) and associated support services	69
3	Useful resources for local IDVAs and DV services	79
4	The role of agencies in overcoming barriers for Black and minority ethnic victims	82
5	Black and minority ethnic-related information and advice services	83
6	Black and minority-ethnic publications and resources	86
7	Services for male victims of DV	87
8	“Vision for services for children and young people affected by DV” commissioning guidance standards	88
9	Accreditation system for organisations working with perpetrators of DV outside of the Criminal Justice System	90
10	Perpetrator programme publications and resources	92

Contributors:

In this second edition of the National Resource Manual, revisions were carried out by members of the National SDVC Steering Group and the SDVC Expert Panel.

Thanks to:

Karen Bailey (Greater London Domestic Violence Project - GLDVP), Diana Barran (Co-ordinated Action Against Domestic Abuse - CAADA), Neil Blacklock (RESPECT), Angela Colyer (National Offender Management Service - NOMS), Mark Coulter (Men's Advice Line and Enquiries - MALE), Laura Croom (CAADA), John Dunworth (Home Office); Rebecca Egan (CAADA) Davina James-Hanman (GLDVP), Samantha Ingram (Home Office), Olwen Kershaw (HMCS), Kate Mulley (National Children's Homes), Deborah McIlveen, (Women's Aid), Jan Salihi (HMCS), Hannana Siddiqui (Southall Black Sisters), Jo Todd (RESPECT), Jude Watson (CPS), Anthony Wills (Standing Together).

Specialist Domestic Violence Court Programme Resource Manual

Introduction

This Resource Manual is for use in those areas that are planning or already embarked on developing a specialist domestic violence (DV) court system as part of the Specialist Domestic Violence Court (SDVC) Programme. It is referred to as a system because, although it has court processes at its heart, it relates to a broader process including the early identification of DV incidents particularly policing, health and social care interventions, through to specialist support for victims and the management of offenders.

First published in March 2006, this manual has been revised to reflect best practice highlighted by the review of the first 23 systems¹, *Safety with Justice*, carried out over the autumn of 2007.

Established SDVCs may also find it useful to compare practices or seek solutions to similar local issues that may arise in the day-to-day operation of their own court. It is a useful reference source and those involved with an SDVC would benefit from its contents.

The SDVCs sit firmly within the **Co-ordinated Community Response** to DV melding criminal justice, statutory and voluntary sector services and interventions into a holistic multi-agency response that puts victims and their safety at the heart of the Criminal Justice System (CJS) and hold perpetrators to account.

The *Safety with Justice* review concluded that SDVC systems which formed part of a broader CCR provided better support **and** safety for victims. Although the programme delivery outlined in this manual is currently for use in the SDVC areas, the programme has the potential to become part of a broader template for all DV strategies that are developed by local partnerships.

The Co-ordinated Community Response² (CCR) to DV illustrates the inter-relationship of agencies and levels of response for tackling DV. It recognises and makes explicit that no single agency can deal effectively and safely with the effects of DV, if they work in isolation. The model available is intended to present the CCR from a strategic standpoint and could be deployed in promoting a multi-agency response among Local Strategic Partnerships, CDRPs, other strategic level groups, and DV fora.

¹ *Safety with Justice* – Review of 23 SDVCs HO and CPS websites
<http://www.crimereduction.homeoffice.gov.uk/dv/dv018.htm> and
www.cps.gov.uk/publications/equality/index.html

² <http://www.crimereduction.homeoffice.gov.uk/dv/dv014.htm>

The SDVC Programme was developed following several independent evaluations. These included the two evaluations³ of seven specialist court systems, which demonstrated that by adopting particular working practices, significant improvements could be made to the outcomes of DV.

As mentioned above, the more recent *Safety with Justice* review provided further evidence of how effective a CCR to DV can be.

It was found that those SDVCs exhibiting the best practice addressed ALL components listed in the National Resource Manual as a means of seeking both justice and safety. However, an in-depth study of the variation in performance illustrated by six SDVCs elicited the following information:

The SDVCs that were **more successful in bringing more perpetrators to justice** had:

- Strong multi-agency partnerships (component 1);
- Effective systems for identification of cases (component 3);
- IDVAs with a focus on supporting victims at court (component 4);
- Good training and dedicated staff (component 5);
- Clustered court listing or a combination of cluster and fast-track court listings (component 6); and,
- Criminal justice perpetrator programmes (component 11);

The SDVCs that were **more successful in support and safety of victims** had:

- Strong MARACs (component 2);
- IDVAs focusing on engaging victims generally (component 4); and,
- Safe court facilities (component 9).

Within the Review three components were identified where there were **systemic weaknesses** and to address these weaknesses it is suggested that:

- There is a need to focus on equality and diversity to address all success measures (component 7) as the review found that in the SDVCs with a lower proportion of successful prosecutions there was a higher proportion of Black and minority ethnic defendants;
- All SDVCs need to address their performance through data collection and analysis (component 8) to see where improvements are needed to meet all success measures; and,
- All SDVCs need to address children issues (component 10).

³ <http://www.cps.gov.uk/publications/docs/specialistdvcourts.pdf> – March 2004 evaluation;
http://www.cps.gov.uk/publications/docs/eval_dv_pilots_04-05.pdf – June 2005 evaluation.

It was therefore clear that omission of any of the core components led to fewer successful outcomes in one or more of the measures. The combination of the overall components was pivotal in delivering success.

This approach to an SDVC requires broader partnership working outside of the obvious agencies from within the CJS including Primary Care Trusts, mental health services, drugs and alcohol services, housing and related services etc, to ensure that there are comprehensive wrap-around services to support victims and manage perpetrators.

To refine this approach, the National SDVC Steering Group (the Government's interdepartmental officials' group), along with some members of the SDVC Programme Expert Panel (formerly the 'Task Group'), key stakeholders in the DV sector, have revised the original 11 core components identified and included links to other wrap around services to develop 12 core components, that each area setting up a court system should consider. For the system to work effectively close co-ordination of all these components is required and key individuals need to be identified and held to account for the delivery of their section of the service system.

This Manual outlines each of these 12 components and explains in some detail how they operate and interlink.

The dynamics/context of DV

DV is often characterised by systematic abuse, which often escalates in both severity and number. While it remains underreported, it is regarded as a volume crime, comprising between 15-25 per cent of violent offences reported to the police. DV also has the highest rate of repeat victimisation with around two fifths of DV incidents being repeat incidents.

The majority of DV cases which come to the attention of the authorities, local social and health care agencies are those between heterosexual couples with female victims and male perpetrators. The usual form of abuse reported to the authorities is physical violence.

However, the definition is a wide one, which includes other manifestations of DV such as female genital mutilation, forced marriage and other harmful traditional practices including so-called "honour-based" crimes. Working with diverse Black and minority ethnic (BME) populations can mean that there may be specific language and cultural needs which will have to be addressed to ensure that local services respond to the local needs.

There may be specific issues to take into consideration within the lesbian, gay bi-sexual and trans-gender communities (LGBT), for example fears around 'outing' or removal of children by Social Services, or loss of legal rights that may be afforded to a heterosexual person in the same position (e.g. tenancy rights, or rights of access to children). Similarly, if men are experiencing DV in a heterosexual relationship there may well be different needs which have to be understood and responded to. Some rural areas may also experience seasonal fluctuations in workforce that require another tailored response.

Therefore, in the specialist court areas, it is essential that all frontline service workers who are likely to come into contact with the victim or the perpetrator are made aware of the cultural and social dynamics that interplay in their local communities and how these might be expressed in DV cases. It is essential that they know both the issues and pressures that victims, in particular, face when seeking help and ensure that their services are advertised appropriately and made accessible.

Annex 2 highlights the dynamics and issues that might be present in some of the identified populations and communities and Annexes 3-7 the various organisations able to assist with issues, information and support services.

Looking at the wider context of an effective response to DV, an SDVC system within or alongside a multi-agency CCR contributes to a number of cross-cutting Public Service Agreements (PSAs)⁴:

- PSA 13/3.8: many agencies have important roles to play in improving children and young people's safety. Services for vulnerable adults such as DV intervention projects will recognise the links between service users who are parents and risks to their children's safety and act to safeguard children.
- PSA 15: Address the disadvantage that individuals experience because of their gender, race, disability, age, sexual orientation, religion or belief.
- PSA 23: Make Communities Safer: contains an indicator on reducing the most serious violence and tackling both serious sexual violence and DV and a commitment to monitor all DV related offences.
- PSA 24: Deliver a more effective, transparent and responsive Criminal Justice System for victims and the public: offences brought to justice (OBJ) as an indicator of LCJB performance, improve victim and witness satisfaction with CJS, improve public confidence and address any disproportionate race responses.

It is clear that an effective multi-agency partnership working to the CCR model could contribute to the achievement of PSA targets.

⁴ http://www.hm-treasury.gov.uk/pbr_csr/psa/pbr_csr07_psaindex.cfm – October 2007 PSAs

Component 1: Multi-agency partnerships with protocols

The Community Coordinated Response

An effective response to DV needs to be located within a broad, effective partnership which can work together to combat the many aspects of this crime. The CJS, especially through SDVCs, provides a vital element of this response. However to provide a more complete solution for the victims and children who suffer from DV and to hold perpetrators accountable, the SDVC must sit within a broader setting that includes early intervention and prevention. This approach is known as the Coordinated Community Response (CCR).

The development of SDVCs must take place within the context of this broader structure and also reflect the relationships between the existing bodies. For example, it is expected that an SDVC would be supported by both the Crime and Disorder Reduction Partnership or Community Safety Partnership (CDRP/CSP) and the Local Criminal Justice Board (LCJB). Though which partnership strategically governs the SDVC is a local decision.

Also important is the relationship between the statutory and voluntary sectors. A shared understanding of the roles of each partner within an SDVC is crucial. This must also encompass an equality of status, participation and communication to ensure that every aspect of the process is effective. Where local communities are made aware of the SDVC and its aims, support for the court is likely to increase and attitudes are likely to change more rapidly.

Structures

Delivering an SDVC requires an effective system of governance that provides strategic input and influence and operational control. This must also be supported by a performance management system that allows for success to be embedded and built upon and problems resolved swiftly.

Whilst different areas will have a variety of titles for their partnership groups the most productive and responsive structures include:

Strategic steering group – A group of senior and authoritative members from a broad range of agencies across the area, both statutory and voluntary, linked to the local crime and criminal justice partnerships (CDRP/CSP and LCJB)

It should be the steering group that:

- Links the work into the strategic partnerships (CDRPs/CSP and LCJBs);
- Provides governance and performance manages the SDVC, and evaluates progress where necessary;
- Resolves problems raised by the operational group (see Operational Group);

- Identifies the necessary funding required to support an SDVC, and influences the delivery of resources to support the components within the SDVC model;
- Effectively plans for the future by creating sustainability and succession planning.

The representative of each agency on the SDVC steering group should be in a position to make decisions at meetings, commit their agency to a proposed course of action or expenditure.

Operational group – This group should consist of the key operational people who can ensure the implementation and delivery of an SDVC and be responsive to problems as they occur and on a day-to-day basis. This group should refer issues up to the strategic group for resolution if required. It is recommended that this group meet at least monthly.

All partnership groups (for suggested membership see below) must meet regularly within a clearly accountable structure (e.g. including minutes of agreed actions) and actions should be completed promptly. The voice of the victim and those directly supporting them is a vital aspect in both the strategic steering and operational groups.

It is vital that members of both groups know who is representing the agencies, who they report to, or refer queries to, in the first instance. Up to date contact lists are therefore essential.

Suggested membership of local structures

Strategic Group - members would be at a senior level within their organisation, capable of agreeing funding issues and well linked to other strategic bodies	Operational Group – members would be responsible for the day to day running and tracking of cases
SDVC Project Manager/Coordinator	SDVC Project Manager/Coordinator
Police – at least Detective Inspector	Police – DV Officer lead
CPS – Chief Crown Prosecutor or delegated DV coordinator	CPS DV coordinator or lead prosecutor
Head of Legal Services	Legal Adviser
Probation	Probation - court representative and perpetrator programme lead
Manager, IDVA services	Lead advocate
Manager of other support agencies for victim – e.g. Women’s Aid; Victim Support/Witness Service (VS/WS)	Women’s Aid/VS/WS as needed for individual cases
Chair, DVF	Representatives at middle management level of local DV service providers (if needed for individual cases)
<i>To ensure the wider wraparound</i>	

<i>services are engaged in the SDVC, it is good practice to have the following membership on the Steering Group:</i>	
Adult services	
Children Services	
Housing	
Health	

These arrangements will not deal directly with risk management as that role is for the multi-agency risk assessment conferences (MARACs – see Component 2), although each agency should demonstrate an understanding of the implications of each of their actions in relation to the risk to victims.

Effective multi-agency partnerships are also based on a clear understanding of responsibilities and the co-ordination of partner contributions. Core elements to consider when developing a partnership structure include:

- Agreeing to hold both the safety of the victim and the accountability of the perpetrator as the overarching aims of the partnership, binding the different agencies together;
- Establishing the importance of justice and safety as a balanced approach to this complex area of work;
- Agreeing the other aims and objectives of the SDVC and their relationship to other aspects of the DV response;
- Ensuring equal status within the partnership for statutory and voluntary sector members; and,
- Clearly defining key roles and responsibilities within the partnerships in written and agreed protocols.

Good practice coordination of services for victims

Alongside the Independent DV Advisers (IDVAs), most SDVCs will have a range of agencies providing varying support for victims. All support services working with victims should consider the most effective way of working together. This can be achieved by:

- Support services meeting to agree their different roles and processes for linking together;
- SDVCs could consider drawing up a specific protocol outlining the parameters of work for each support service to ensure the most appropriate and effective use of services.
- The group could meet regularly to communicate any concerns to the strategic steering/operational group;
- The obvious members of such a group would be the Police DV Officer, IDVA service, Witness Service, Victim Support, Witness Care Unit and local specialist support services. Service providers for diverse communities would be key representatives on such a group.

Good practice examples:

Victim focus groups discussing their experiences of going through the SDVC which feed back in to the planning and delivery.

A survivors group was consulted when developing the SDVC.

SDVC co-ordination

Project manager

In the early stages of the development of an SDVC it is important to appoint a project manager to lead and oversee the process. From the Review, this role has proven to be vital if the coordinated response is to be achieved and to allow the court to start smoothly. A single point of contact for the development of protocols and the collation of data can ensure a centralised system creating a smoother transition to an SDVC system. It is important that this role is undertaken by someone with project management skills, where necessary training may be necessary for the person selected for this post.

A project manager job description is available at www.cps.gov.uk/publications under 'National protocols'.

Coordinator

Once the SDVC is set up, the evidence from the Review indicates that a successful SDVC will require a coordinator to maintain its progress, ensure appropriate outcomes and identify issues for resolution. It may be that the skills required to perform this function are different to that of the project manager. The SDVC partnership needs to ensure the coordinator has the authority to act in this role with time and resources dedicated to this role.

The post can be a single point of contact for all SDVC partners to ensure data collection and performance management alongside the administration of the SDVC. They can also act as the operational link to the MARAC and IDVAs. This is both an important and challenging task and will require someone with excellent interpersonal skills, understanding of DV and the legal system.

For a job description of such a role go to www.standingtogether.org.uk and go to 'Partnership agreements and resources'.

Good practice example:

An excellent DV Coordinator, if supported strategically and financially, will be at the heart of the development of specific developments, such as MARACs and IDVAs, but more importantly be possessed of the bigger picture and how the whole response should work and ensuring it does.

Succession Planning

Successful approaches to DV, and especially the implementation of SDVCs, are often inspired by highly skilled and motivated individuals. Problems can arise when such an individual leaves a post, so it is strongly recommended that succession planning arrangements are introduced to prevent a downturn in performance. Protocols can assist with this issue.

Performance management

Performance management arrangements are central to the success of an SDVC. It is clear that where such arrangements exist and are operated effectively it is substantially easier to prove the success of the court and, as importantly, to identify problems swiftly and implement solutions. Whilst it is important to note that there is a central need for data to establish the national picture of SDVC performance, it also helps to justify funding and future resource needs.

Performance management is a major role for the strategic group, supported by the evidence of the operational group. The evidence of the Review demonstrated that good performance management results in good performance. Data should be reviewed monthly at the operational group meeting with actions implemented immediately to develop solutions to secure improvement.

These arrangements must consider:

- The aims and terms of reference of the SDVC;
- An understanding and development of the key measures of success to provide justice and safety;
- A system of data collection that is based on those aims and measures that demonstrate success or otherwise (ideally such data collection will include a series of base lines that allow the identification of the direction of performance from the commencement of the court.);
- A recognition of current monitoring priorities, obligations and restrictions for each agency, as well as mutual interests of partner agencies; and,
- A clear understanding of what each agency can deliver in terms of structure, resources and roles (see protocols below).

See **Component 8** for further details.

Protocols

Protocols are important for both the identification and establishment of the roles that different agencies can play in the SDVC system, and also for information sharing. Their existence partially surmounts the problems caused by departing staff.

Points to remember when drafting a multi-agency protocol

A protocol should:

- Identify and include the full range of agencies necessary to deliver the specific aims of the SDVC and each element of the process;
- Ensure that all relevant agencies agree and sign the protocols;
- Standardise agencies' responses in a practical and operationally focused way;
- Seek to ensure victim safety at each stage of the protocol process;;
- Be developed through discussion and negotiation and should be based on shared understanding and aims;
- Involve staff in the drafting to help ensure ownership of the processes being developed and implemented;
- Where possible, include visual aides (such as flow charts) of the processes of the protocol to help clarity and ensure that pathways and options do not result in "dead ends"; and,
- Clearly include and address the aims and objectives of the partnership.

Roles, responsibilities and process protocols

Protocols help to ensure accountability and detail the specific role played by each agency involved in delivering aspects of the SDVC system. By definition they are agreed between two or more agencies working towards the aims of the SDVC.

When developing protocols on roles and responsibilities of each agency it is important to:

- Train staff regularly on implementing and following the agreed protocols;
- Take account of the need for succession planning;
- Understand that protocols are a tool of partnership working, not the end product;
- Review all protocols annually or when process problems are identified; and,
- Collect and analyse relevant and necessary monitoring data, incorporating this into the protocol agreement.

The overarching protocol can include the role of all the agencies providing support for victims or a specific victim agency protocol may also be useful.

Information-sharing protocols

These protocols are used to provide a clear information sharing policy, so that each agency knows what can be shared between agencies and how this will be done. The Home Office has a generic information sharing protocol at <http://www.crimereduction.homeoffice.gov.uk/infosharing21.htm>. Many partnerships have agreed information sharing protocols and these can often be utilised for an SDVC system without the need for a separate version.

Good practice examples:

There are various models for protocols but two which have been evaluated are from Caerphilly Gwent and Croydon⁵. They have been developed from the original West London Magistrates' Court protocol:

- *The Gwent protocol covers the roles and responsibilities, listed by each agency, throughout the case in a fast-track court system; http://www.cps.gov.uk/publications/agencies/dv/gwent_protocol.html*
- *The Croydon protocol covers similar roles and responsibilities, but by each stage of the case, within a cluster court system. http://www.cps.gov.uk/publications/agencies/dv/croydon_protocol.html*

Project manager job description:

- *A project manager job description is available at: http://www.cps.gov.uk/publications/agencies/dv/court_project_manager.html*
- *Other job descriptions are available at www.caada.org.uk.*

The Wigan SDVC partnership has agreed a protocol whereby the police will deliver full case papers to the CPS for a prosecution decision within three weeks of the arrest.

⁵ Caerphilly fast-track and Croydon cluster court protocols are available on the CPS website: <http://www.cps.gov.uk/publications/agencies/dv/index.html>

Component 2: Multi-agency Risk Assessment Conferences and Multi-agency Public Protection Arrangements

Making the strategic connection between DV and public protection mechanisms

DV cases can be included in the three main local public protection arrangements:

- Multi-Agency Public Protection Arrangements (MAPPA) which focus on those convicted offenders who are assessed as posing the highest risk of serious harm;
- Local Safeguarding Children Boards (LSCBs) which seek to ensure the safety of children within families experiencing DV; and,
- Multi-Agency Risk Assessment Conferences (MARAC) which aims to increase the safety, health and well-being of high risk DV victims (adults and their children).

In the most complex cases, an adult victim, his/her family and the perpetrator may be subject to conference and review by more than one of these systems.

It is essential, therefore, that there is integration in the policy development and practice review being undertaken locally by these public protection arrangements. Only by this integration can DV be tackled holistically, and without duplication, and a single integrated risk management plan, to protect the victim and manage the perpetrator, be implemented by all relevant agencies.

Risk assessment

The introduction of DV focused multi-agency interventions such as SDVCs and MARACs has prompted the need for a common understanding of what constitutes risk factors and risk levels experienced by DV victims. However, traditionally there has been no systematic, standardised assessment of risk experienced by victims, nor has there been a co-ordinated response from agencies whereby information relating to risk is shared and a multi-agency solution (or safety plan) is established.

This lack of systematic victim risk assessment, and a formal process by which local agencies could share information, prompted the development of the MARAC.

Multi Agency Risk Assessment Conferences

MARACs are a recent development in services offered to victims of DV. The MARAC model was first developed in Cardiff where the model was independently evaluated by Cardiff University⁶. This evaluation demonstrated significant reductions in repeat victimisation for some of the highest risk cases of DV.⁷

What are the aims of the MARAC?

1. To share information to increase the safety, health and well-being of victims – adults and their children
2. To construct jointly and implement a risk management plan that provides professional support to all those at risk and that reduces the risk of harm
3. To reduce repeat victimisation
4. To improve agency accountability
5. To improve support for staff involved in high risk DV cases.
6. To assess whether the perpetrator might be a risk to other individuals or to the general community.

The responsibility to take appropriate actions rests with individual agencies; it is not transferred to the MARAC. The role of the MARAC is to facilitate, monitor and evaluate effective information sharing to enable appropriate actions to be taken to increase public safety.

Victim safety, as an outcome, can be measured in two ways: by recording the number of cases that are referred to MARAC where a subsequent incident is recorded by any agency in a 12-month period, as well as reviewing directly with victims what impact the intervention had on their safety.

MARACs focus on high-risk victims as indicated through the use of a risk indicator checklist⁸. By sharing information, agencies establish a better picture of victims' situations and so develop responses that are tailored to the needs and goals of individual victims and their children. Safe information-sharing also allows agencies to manage the perpetrator in ways that reduce risk.

Traditionally, support services for those experiencing DV have focused on helping the victim make informed choices. With a MARAC, the local agencies share some of this burden and help manage the risk that the victim faces.

**Evaluation of MARACs by Dr Amanda L Robinson, Cardiff University
Criminology Department (published May 2005⁹)**

⁶ See www.caada.org.uk/library/ under Evaluations for more information

⁷ See www.caada.org.uk/library/ under Evaluations for more information

⁸ See http://www.caada.org.uk/library_resources.html for a copy of CAADA's recommended MARAC risk indicator checklist.

⁹ See www.CAADA.org.uk for the report

In Cardiff, 42% of victims experienced no repeat incident and there were no police call-outs in the 12 months (phase 1 October 2003 – March 2005, phase 2 October 2004-April 2005) following their case being heard at the MARAC.

Furthermore, the combined work of the Cardiff Women’s Safety Unit, improved policing and the MARAC process had increased reporting of domestic abuse from just over 150 cases per month to over 300 cases per month in 3 years. The level of reported repeat victimisation had dropped from 32% to below 10%. The number of children referred to the Social Services for extra support had increased from 5% to 50% of cases. The number of victims refusing to make a complaint had dropped from just under 60% to under 5%.

Which agencies should attend and who should chair the meeting?

Those attending the MARAC should have the authority within their agencies to prioritise the actions that arise from the MARAC and to be able to make an immediate commitment of resources to those actions.

The agencies invited should be any that have a role to play in the victim’s safety, so it is crucial to have non-criminal justice system groups there. The table below lists the agencies that should attend MARAC, and briefly outlines what information they might bring, and actions they could volunteer. More detailed toolkits exploring the benefits of MARAC for each agency and their role at MARAC are available from www.caada.org.uk.

Agency	Information to bring	Actions to take away
A&E	Number of attendances with dates and pattern of injuries if possible for victim, perpetrator and children.	Flagging and tagging of patients records if possible.
Adult Services	Update on needs/services received.	Referral to vulnerable adults if appropriate.
BME Services	Detail of abuse, and needs of victim.	Support victim; make a joint visit.
CAFCASS	Update on court proceedings and orders, history of involvement, feedback from contact sessions.	Clarify risk in the case and take any appropriate action.
Children and Young People’s Services	Feedback on assessment, update on needs of children, and what support is already in place.	Referral to Children and Mental Health Services (CAMHS), additional support to family, joint visits.
Drug and Alcohol Services	Substance misuse issues for	Prioritisation of support, leasing with

	perpetrator/victim etc.	IDVA.
DV Support services for victims.	Details of previous stays in refuges, details of the severity of abuse etc.	Liaise with victim, offering refuge if available.
Education	Details around school attendance, incidents, who collects children etc.	Inform school of wider concerns.
Health Visitors, School Nurses and Community Midwives	Update on whether or not the appointments are attended, damage in the home, developmental update on pregnancy/children.	Go on joint visits, liaise with IDVA.
Housing/Homelessness	Confirm information about incidents affecting property, information on who lives in the house, application and rent arrears information.	Place terms on tenancy, assess victim for tenancy support and liaise with refuges.
IDVAs (see component 4)	Up-to-date information from the victim, information about specific abusive behaviour, needs of victim, update on any measures already in place, i.e. civil/criminal.	Support victim in achieving safety, this could be by talking through the CJS, civil options, housing options etc. Feedback MARAC action plan to victim.
LGBT services	Details of abuse and needs of victim, details of support available, information about unique needs.	Offer support, liaise with IDVA, screening in cases of counter allegations.
Mental Health Services	History of mental health issues for victim, perpetrator(s).	Refer to services if appropriate.
Police	Details of previous offences, details of previous call outs, breaches of bail. Information on warning signals, like suicide, drugs, assault on police.	Target hardening and occurrence marker (should be done before MARAC where possible/safe), investigate offences, locate perpetrator, arrest offender.
Probation	Details on previous convictions, patterns of offending, offender's current state of mind. Information on any licence	Pursue action on breaches if appropriate, use MARAC info in Pre-Sentence Report etc.

	conditions/community sentence requirements/release dates etc.	
Sexual Violence Services	History of abuse, fears, barriers to accessing support. Details of support needed.	Offer to support victim through criminal prosecution if appropriate, offer services.

You might invite other agencies to attend when their attendance would be appropriate (as individual cases dictate):

- Community-based and voluntary perpetrator programmes;
- Other specialist groups involved with specific clients;
- Youth Offending Team; and,
- CAMHS.

Neither the victim; the perpetrator; nor the Crown Prosecution Service attends the meeting.

MARACs will usually order the agenda of cases so that cases where the victim is pregnant are heard first, followed by cases with children under 5, and followed by cases with children under 18. This allows midwives, health visitors and children and young people's social workers to leave the meeting once these cases have been reviewed. On average the MARAC will spend between 10 and 15 minutes per case, and will review 15-25 cases a MARAC.

As the MARAC is part of a range of local public protection procedures, those lead public protection agencies on both MAPPAs; MARACs; and LSCBs, the police and probation, can chair the meeting. The chair is normally of Detective Inspector rank/Senior Probation Officer or equivalent. Their role is to structure the meeting and prioritise cases in such a way that all those attending are able to use the time available as efficiently as possible, as described above. The chair will normally review any incomplete actions from the last meeting and ensure that all agencies understand precisely what is meant by any of the new actions agreed that relate to their agency either directly or indirectly.

Good practice examples:

The MARAC coordinator in one SDVC was seconded from the Probation Service and had a good operational knowledge of MAPPAs. MARAC was also a standing item on MAPPAs Strategic Management Board meetings.

The IDVA sat on both the MARAC and the MAPPAs meetings when DV cases were being discussed.

What is the role of the IDVA within the MARAC?

The IDVA is essential to the effective operation of the MARAC. The victim is informed that their situation will be discussed by the MARAC by the referring agency, unless doing so would jeopardise the victim's safety. The IDVA or practitioner referring the case will usually contact the victim prior to the meeting to gather up-to-date information about the situation and what the victim needs to increase their safety. At the meeting the IDVA will bring the views of the victim, give their expert opinion on DV and liaise where possible between the victim and partner agencies to ensure that the action plan is safe. The actions volunteered by the IDVA will usually reflect work they are already doing with the victim. This will involve supporting the victim through crisis, discussing options, supporting through criminal/civil processes, assisting with housing options, risk assessing and safety planning with the victim and signposting on to other services.

IDVAs are likely to have more information about the victim's situation and what might influence his or her safety than any other agency and this information will be crucial in developing a safe and appropriate risk management plan for each family.

Finally, they will be expected to keep the victim informed of any decisions made by the other agencies, and to make sure that the other agencies perform their functions safely. Since risk is always changing in DV situations, a decision that was safe at one time may not be, only a short time later.

For further information about MARACs and IDVAs, see Component 4 or contact CAADA at marac@caada.org.uk.

What information is shared?

The MARAC has legal authority to share information on high risk victims under section 115 of the Crime and Disorder Act 1998, articles 2 and 3 of the Human Rights Act 1998, and schedule 2 and 3 of the Data Protection Act 1998. Section 115 allows agencies to share information which is lawful, necessary, proportionate, secure and accountable to protect the public from harm. Only information that is directly relevant to the immediate safety of the victim and the current incident should be shared. This falls into 3 main categories:

1. Basic demographic information including any pseudonyms used and whether there are any children and their ages;
2. Information on key risk indicators; and,
3. Any relevant history of DV or other associated behaviour (child abuse, sexual assault, animal cruelty) by the perpetrator.

Information sharing at MARAC conferences is strictly limited to the aims of the meeting and attendees should sign a declaration to that effect at the start of each conference. Information gained at the meeting cannot be used for other purposes without reference to the person/agency that originally supplied it (see information sharing protocols in Component 1).

What happens if the victim does not consent?

A decision as to whether or not to disclose information should not be based upon whether or not consent has been obtained. Individuals are referred to MARAC using a strict referral process based on risk of serious harm or homicide. Decisions to disclose must be properly documented including; the reasons behind the decision to disclose, the extent of any disclosures made, and the permitted use of the disclosed information.

Any information gained from the MARAC should be stored in a secure way and should be kept for as long as the risk to the victim or children remains. It is good practice to review the information retained after 12 months to decide whether it is still relevant to retain the information, unless there is a policy within your agency which dictates that you should keep the information for longer, i.e. if child is on the register.

For further information on the legal grounds for disclosing information at MARAC, see the Frequently Asked Questions document on information sharing, downloadable from www.caada.org.uk.

What kind of information-sharing agreement needs to be signed?

Protocols on information sharing will have to be drafted and adopted by all agencies. Protocols should include a phrase declaring that the information gained can only be used for the purposes of the MARAC and cannot be used for other purposes without reference to the agency that supplied it. The need and method to exchange information with MAPPAs and LSCBs must be agreed. To build trust, agencies will need to know how other agencies record, use and store information gained at a MARAC. Information-sharing protocols between some of the agencies will already be in place (e.g. police, probation) but are unlikely to include the voluntary agencies.

Which cases should be referred to MARAC?

Typically the greatest proportion of referrals to MARAC come from the police and the IDVA service, but as confidence in the process increases, so other agencies also refer. The criteria for referral should be based on a definition of a high or very high-risk case derived from a risk assessment which is transparent and consistent for all agencies. This risk assessment can include an actuarial assessment through completing a checklist with the victim, an assessment of the escalation in the case, and clinical judgement on the behalf of the practitioner. Ideally, a risk assessment should combine these approaches.

The criteria for referral into MARAC needs to be agreed on a multi-agency basis and set at a level that gets the right cases (very high risk) and that protects the volume of cases so that the meeting remains sustainable. If volume becomes an issue the referral criteria should be reviewed on a multi-agency basis, rather than by any one particular agency, so that it remains transparent, consistent and defensible. The MARAC coordinator (sits within the lead agency) collects the referrals and emails out a list with basic information 8 working days before the MARAC.

How frequently should MARACs be held?

Depending on the volume of cases, MARACs are recommended to be held at fortnightly intervals. Experience suggests that no more than 25 cases per meeting is an appropriate number.

The list of cases that will be considered at the MARAC is circulated to all attendees eight working days before the meeting.¹⁰ Best practice suggests only one attendee from each agency need attend (apart from the agency that chairs the meeting) and they will need to have researched each case and spoken to the practitioner involved where necessary in order to be well prepared to give relevant information about the case. It is important that the agency commits to providing consistent representation.

All cases that are to be reviewed at the MARAC should have been contacted by the IDVA or other support service, offered target-hardening police watch and have an occurrence marker placed on the police computer if it is safe to do so.¹¹

When should actions be taken?

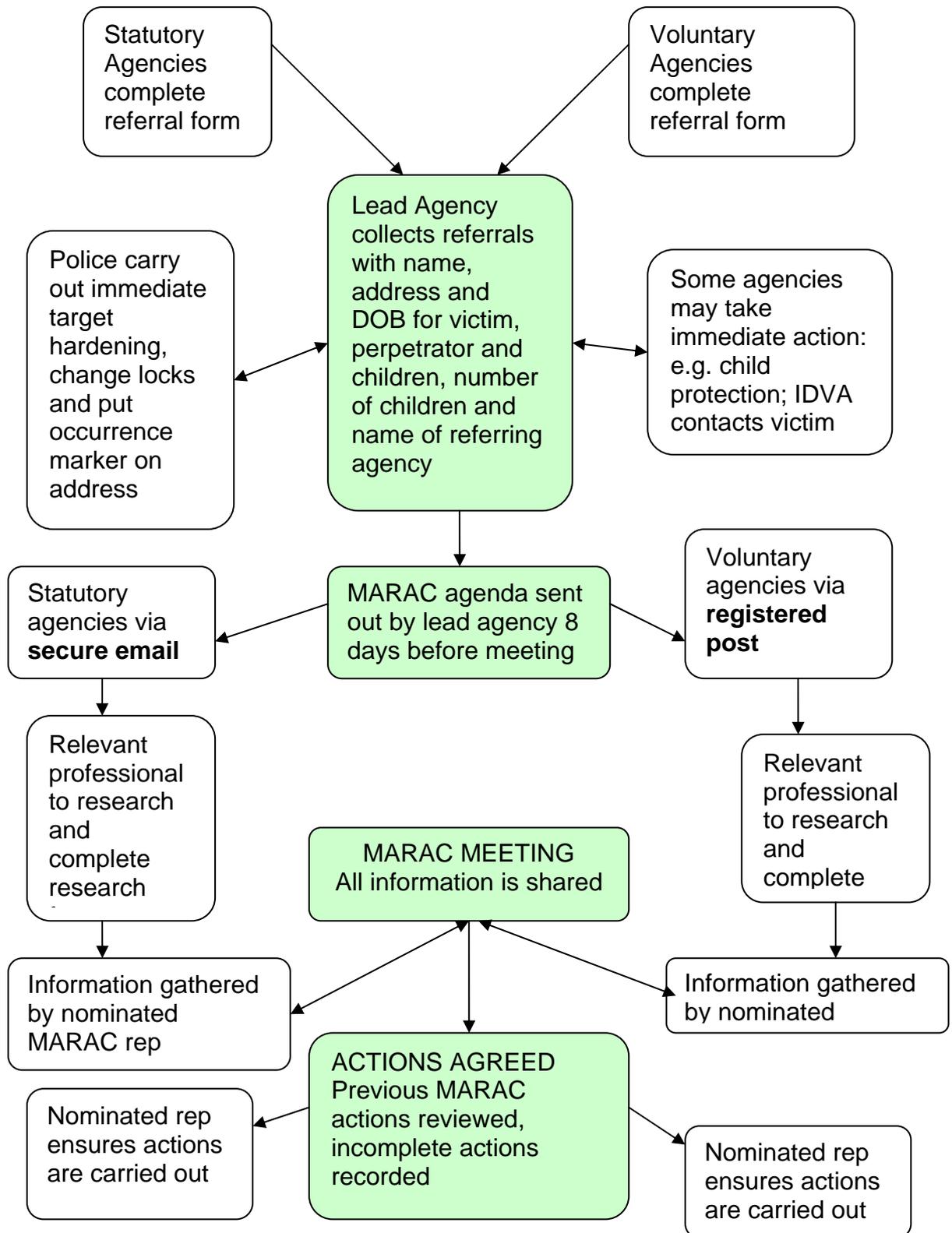
If victims and their children are at high risk of being severely hurt or killed, agencies must agree to prioritise the actions assigned and deliver them on the day of the MARAC or as soon as possible thereafter. To ensure MARACs have the most up-to-date information possible and have time to implement agreed actions, it is recommended that meetings be held insofar as it is possible, mid-week to enable prompt action to be taken before the weekend. As with MAPPA Guidance¹², MARACs should keep accurate records of the salient features of the discussions and the decisions reached at meetings.

¹⁰ Information circulated includes victim name, DoB, address, perpetrator name, children and their DOBs, referring agency and brief comments.

¹¹ Target-hardening involves upgrading the security for the victims e.g. lock changing.

¹² For details on minute keeping see the Home Office MAPPA Guidance.
http://www.probation.justice.gov.uk/files/pdf/MAPPA_Guidance_2007_v2.0.pdf

Flowchart of the MARAC



MARAC implementation guide and on-line resources

Co-ordinated Action Against Domestic Abuse (CAADA) has recently updated its MARAC implementation guide; for copies of this guide contact marac@caada.org.uk. CAADA have also developed toolkits for 18 different agencies that may attend MARAC. These toolkits are designed for MARAC representatives to use and distribute to any colleagues who are unsure of the MARAC process. These toolkits and the following templates/forms are available to download from www.caada.org.uk:

- MARAC risk indicator checklist
- Letter informing the victim of MARAC
- Referral form for MARAC
- Research form for MARAC
- Information sharing without consent form
- Confidentiality declaration.

Links between MARAC and other public protection arrangements

MARACs must have close links with other public protection conferencing arrangements, such as MAPPA and LSCBs which have a statutory duty to manage the risks of violent and sexual offenders (MAPPA) and to safeguard the needs of children (LSCB).

What is MAPPA?

MAPPA is the term that describes the statutory arrangements set up nationally to manage serious sexual and violent offenders. The police, prison and probation services are the Responsible Authority (RA) and are required to ensure that there are effective MAPP arrangements in place in their area together with the Duty to Cooperate agencies (social services, housing employment, Youth Offending Team, health including mental health, electronic monitoring providers and victim services) to protect the public and reduce the risk of re-offending.

MAPPA works with an offender to change their behaviour and thus reduce the risks they present; it also focuses on the victim to ensure that all necessary arrangements are in place to protect them from harm. There is national guidance for the operation of MAPPA detailing the criteria under which offenders should be included in the arrangements.¹³ This may in some circumstances include some of those offenders who pose a risk to victims being reviewed at MARAC.

¹³ In summary the MAPPA process involves referral to level 2 of MAPPA (out of 3 levels) and is made where the active involvement of more than one agency is required to manage offenders who pose a high risk of serious harm. Convicted offenders falling within MAPPA level 2 or 3 arrangements should be referred for inter-agency risk

The MARAC aims to identify all high risk DV victims within its locality at the point when an incident occurs, whereas MAPPA will identify all those offenders who are sentenced to custody for 12 months or more for a violent offence, who are sentenced to a hospital order with restrictions, who have committed a sexual offence who are required to comply with the notification procedures under the Sexual Offences Act 2003 and who have a relevant offence or caution whom the RA has identified as presenting a serious risk of harm to others. The cases will be screened and those requiring active multi-agency management will be referred to a level 2 or level 3 MAPP meeting.

There will be cases common to both arrangements that will create overlaps in management. It is very important that there is communication between the two arrangements and that there is no duplication of activity which could undermine the effectiveness of either process. Where these overlaps occur and the case is being managed at MAPPA level 2 or 3 then it should be the MAPPA process which takes precedence. If the case is being managed at level 1 (Ordinary Agency Management) then MARAC should continue to be the lead multi-agency public protection procedure.

When there are cases which are being referred to both MAPPA and MARAC there must be a discussion between the MARAC Chair/Coordinator and the MAPPA Co-ordinator to ensure that the relevant agencies are invited to the MAPP meeting to ensure that the needs of the victim are fully addressed and that there is continuity in the public protection process.

There will also be situations where a MARAC has been held prior to an offender being convicted who, upon release from custody, is identified as requiring active multi-agency management through MAPPA. In such cases, it is essential that communication between MARAC and MAPPA is clear and safety plans from an earlier MARAC are conveyed to the MAPP meeting. The IDVA and other relevant agencies should be invited to the MAPP meeting to ensure that the needs of the victim are fully addressed.

Where either a MAPP or MARAC meeting identifies a child in need and/or a significant risk to a child it will need to ensure that the LSCB is notified by making a Common Assessment Framework (CAF) referral.

Every offender that is accepted on a DV programme accredited by the Correctional Services Accreditation Panel (CSAP) as part of a Community Sentence or post-release licence condition should be listed at MARAC. Any further incidents of abuse reported to any agency would then trigger a repeat referral into MARAC and a multi-agency safety plan for the victim. Where the offender is being managed under MAPPA Category 3 at level 2 or 3 then this information must also be recorded.

management conferencing (level 2) or Public Protection Panels (level 3) according to MAPPA guidelines in the usual way. MAPPA panels are usually convened by a dedicated MAPPA co-ordinator whilst level 2 conferences are usually convened by a manager from the probation service to manage convicted offenders. http://www.probation.justice.gov.uk/files/pdf/MAPPA_Guidance_2007_v2.0.pdf

How does the MARAC link to LSCB?

The Local Safeguarding Children's Board has a duty to ensure that their local area has a coherent approach to safeguarding children based on contributions from all key agencies, and that this approach is managed effectively.

To keep children as safe as possible agencies need to recognise and respond to children assessed as living with DV. The MARAC can assist in this by;

1. Identifying cases where children are at risk of harm; and,
2. Facilitating the sharing of information about the abuse and risk factors for the non-abusing parent.

The MARAC will help link up efforts to safeguard the abused parent and efforts to safeguard the child, by offering assistance to vulnerable families before children are placed at significant risk. The focus of the MARAC is on the adult victim, so it is essential that MAPPA and MARAC processes are co-ordinated with child protection arrangements and that there are arrangements for information sharing to enable risk to be managed.

For guidance on identifying gaps and determining priorities in the services available locally for children see 'Vision for services for children and young people affected by DV'¹⁴

What central support is available for those setting up a MARAC from the Home Office SDVC Expert Panel?

The Home Office has worked together with CAADA (Co-ordinated Action Against Domestic Abuse) to develop a comprehensive support package for areas seeking to establish or develop the MARAC process.¹⁵

This implementation package includes:

1. One day of training in how to develop, run and implement a MARAC;
2. a report with practice recommendations following the visit;
3. Approximately 3-6 months later areas receive a follow-up visit by members of the CAADA team to the local MARAC (which it is assumed would be up and running by then) followed by;
4. A de-brief with key stakeholders to address any problems arising and the preparation of a report with further practice recommendations;
5. Areas can also expect support with specific queries about the process and support with data collection and analysis; and,
6. Approximately 9-12 months after the launch of MARACs a quality assurance visit may take place to address any practical issues.

¹⁴ Available at <http://www.lga.gov.uk/lga/publications/publication-display.do?id=21106>

¹⁵ CAADA is a recently established charity that aims to support the development of IDVA services and a co-ordinated response to victims of domestic violence. www.CAADA.org.uk

Component 3: Identification of cases

The correct identification of DV cases is an essential aspect of any activity to combat this crime. This guidance clearly explains the benefit of the early identification of all incidents of DV, whether or not the matter is ever likely to come before a court. This component pre-supposes that effective co-ordinated community response is in existence to ensure such identification takes place and that, once identified, an operational response is at the very least considered within every element of the partnership.

Component 1 describes the importance and suggested framework for the structure necessary to deliver the CCR and a functional SDVC system.

Identification should take place within the following agencies and organisations (with those in italics key to the specific SDVC process):

- *Police;*
- *Crown Prosecution Service;*
- *Her Majesty's Courts Service;*
- *Probation;*
- *Voluntary sector/IDVA – including those not directly providing services to victims or perpetrators;*
- Health agencies: acute (including A&E), primary care and mental health;
- Adults and Children's services;
- Housing – including Arms Length Management Organisations (ALMOs) and Housing Associations;
- Education;
- Benefits agency (they identify a significant number of DV cases and should be part of any DV partnership process);
- Drug and alcohol agencies; and,
- CAF/CASS.

All cases should be identified – both in hard copy and, where possible, flagged electronically. Different ways of identifying DV case files include:

- Using a readily identifiable sticker;
- Marking the file with the letters "DV"; and,
- Using a different colour file jacket.

Any system will sometimes experience failure of identification and it is essential, especially within an SDVC system, that the agencies encountering cases after the police (particularly the CPS and court) introduce a process to identify cases missed at the earlier stages. The advent of the new Public Service Agreements should also provide a spur to the correct identification of such cases when initially reported as crimes.

It is crucial that operational systems are used to identify, manage and address any identification problems.

The Association of Chief Police Officers (ACPO) guidance on investigating DV¹⁶ and CPS policy¹⁷ are good practice guidance and useful documents to assist with this process. The following should be considered by all these partners as part of the process to facilitate an improved response:

Definition – Are all agencies working to the Government’s definition of DV?

“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”

Breadth – If the event is linked to DV but this is not the obvious issue, is the DV context noted and flagged (e.g. a case of dangerous driving where this was actually an attempt to harm an intimate partner, or a case of criminal damage being charged)? Local agreement as to action to be taken with cases falling within these parameters must be clearly understood by all agencies.

Flagging – Is there a system of flagging, counting and analysing all cases and sharing the information that results from that process (both personal and anonymous)?

Training – Are all agencies trained to identify, record, respond and refer DV cases?

Tracking – Is it possible to provide a system that enables each case to be ‘followed’ through the system? Does this system allow for consideration of the quality of the response and a means by which this can be discussed and improved (e.g. quality of evidence-gathering)?

Information sharing protocols – Have they been agreed? Are they in place? Are they working? Are participants held to account for their data, sharing of information and response to individual cases? See Component 1 for examples.

Identification within the Criminal Justice System

An effective SDVC will be part of the process described above but the value of such a court can only be realised if all the appropriate DV prosecutions reach that court. Early identification and flagging of DV cases by the police are absolutely essential to this objective. Awareness-raising, training and the development of effective processes will play a crucial part in this.

The following are suggested as the steps necessary to capture the majority of DV cases from the police (whether prosecuted or not).

¹⁶ www.acpo.police.uk/asp/policies//Data/Guidance%20on%20DV.pdf

¹⁷ <http://www.cps.gov.uk/publications/prosecution/domestic/index.html>

Police

1. Obtain the support of the Chief Officer or someone with the requisite level of authority to champion the need to ensure all DV cases are accurately identified by all officers.
2. Establish clear policies and processes for flagging cases and ensuring that all identified DV cases are risk assessed.
3. Train officers on the importance of correctly flagging and marking of DV cases which should ensure an appropriate referral to the IDVA (if high or very high risk) or other specialist support services if low or medium risk. Also, crucially, to ensure that they are included in the SDVC listing, if their case progresses to the SDVC.
4. Train all relevant police support staff in the importance of the correct identification of and response to DV (e.g. call handlers in control rooms and administrators within crime investigation/recording units).
5. Train Custody Officers to ensure flagging of case papers and appropriate bail decisions (i.e. conditions and correct court) in all DV cases.
6. Introduce a level of supervision of all DV cases reported to police to ensure adherence to the policy.
7. Ensure that the unit responsible for investigation of DV cases performs the function of identification and flagging of cases that have “slipped through the net”.
8. The unit responsible for the administration of the criminal justice process must ensure all cases identified and flagged as DV that are being put forward for charge are correctly marked to ensure the CPS and Court are aware that it falls into the SDVC remit.

Good practice example:

A number of forces dip sample DV cases to ensure that investigating officers are correctly flagging and conducting effective investigations into DV cases.

Crown Prosecution Service

CPS lawyers can assist in the identification of cases early in the criminal justice system. Duty prosecutors and CPS Direct can identify cases initially and refer to Areas for marking of files and flagging on COMPASS. All files are to be marked as above, with sticker/DV/colour of file jacket. All prosecutors flag DV cases (adults and under 18s) on the CPS database (COMPASS) as both “DV” and “SDVC”. This is the most obvious system of tracking cases and should be used to support activity in this area. It would be necessary for the partnership to know if:

- All CPS prosecutors are trained in DV and are providing pre-charge advice to police staff at the charging centres and through CPS Direct;

- CPS Direct is being used by police officers regularly and effectively;
- Cases of DV are being correctly identified and flagged according to CENTREX/CPS training manual – all SDVC cases **must** be flagged as both “DV” and “DV Specialist Court”;
- CPS is checking flagging of cases regularly and cross-checking that all agencies have the same cases marked/flagged for inclusion in the SDVC and monitoring; and,
- CPS is providing feedback to the police and any other agency, where cases are not correctly identified/ flagged.

Her Majesty’s Courts Service

Finally, Her Majesty’s Courts Service has a role to play in the process of identification. Once the police and CPS have identified cases, they should be listed in the specific SDVC where one is available. If the court becomes aware of a DV case that does not appear to have been identified then the court may identify that case and draw it to the attention of the CPS and/or police. Listings clerks, supervisors and legal advisers will all benefit from training to raise awareness and assist in the identification of these cases.

The identification and flagging system established within an SDVC should be regularly monitored, and actions taken where appropriate by the operational group.

Partnership checking

The operational group (see Component 1) should ensure regular checking of identification of cases, with systems in place to manage and resolve any problems.

Component 4: Independent DV Advisers (IDVAs) and other Specialist DV support services

The recent Review of SDVCs added to the weight of evidence that Independent Domestic Violence Advisers (IDVAs) are invaluable in the work of the court and as part of a co-ordinated community response to DV. The Review found that witnesses are more likely to attend court if they are supported by an IDVA.¹⁸

IDVAs can contribute to increased victim safety and satisfaction, reductions in repeat victimisation, maintaining victim engagement with the CJS and increased reporting and support for children at risk of harm from DV¹⁹.

Independent Domestic Violence Advisers

It is strongly recommended that each SDVC system should have an IDVA service. The IDVAs in these services should have passed an accredited training course that equips them to deal with high risk survivors of DV.

IDVAs work with clients from the point of crisis, that is, a police call-out or an Accident and Emergency attendance. They assess risk and tailor their service to respond to the level of risk the victim is experiencing. They prioritise their resources by focusing on those at greatest risk of harm. IDVAs work in a multi-agency setting and involve other agencies when required. They are trained to understand the value and legal requirement of information-sharing and, as such, are integral to the MARAC system.

An IDVA service should be independent of other agencies' agenda so that they can focus on safety and give impartial advice. However, they are part of the coordinated community response to DV and therefore recognise the value of bringing perpetrators to justice as part of this united effort to protect victims.

It is best practice not to have stand-alone IDVAs. High risk survivors need a service that is consistent, professional and can offer the full-range of safety options. Consistency cannot be guaranteed through a stand-alone IDVA because there will be no service when the IDVA is absent through sickness or holiday. Stand-alone IDVAs are often expected to work only with clients where a crime has been detected or who are witnesses in a criminal trial. Therefore, high risk victims where there is no crime committed may be excluded from the service due to resource limitations.

¹⁸ Specialist Domestic Violence Courts Review 2007-8, Section 6.

¹⁹ The Cardiff Women's Safety Unit: A Multi-Agency Approach to Domestic Violence, by Dr. Amanda L. Robinson, May 2003, on www.caada.org.uk.

From a victim's perspective, the IDVA offers a main contact point through the many different agencies and processes they may need to access. The IDVA identifies sources of help and safety, explains the processes and supports the client to get the help they need both through their work with the client and through their relationships with other agencies. These relationships are best embodied in protocols for referrals and information-sharing. The IDVAs' role in making sure that the system works effectively and safely for victims is best done through their involvement on the operational groups and strategic boards responsible for SDVCs and other co-ordinated responses.

For more information about the role of an IDVA, see The Charter and Service Standards and other information²⁰ on www.caada.org.uk.

Role of IDVA in a Specialist Domestic Violence Court (SDVC)

The best SDVC systems recognised that the IDVAs' support of witnesses coming to court was essential to the success of the court. The Review found that establishing referrals routes to the IDVA, especially from the police, enhanced the value of the IDVA role as witnesses were supported from the beginning of the criminal justice process. Witnesses were more likely to come to court if they were supported by an IDVA. SDVCs that had IDVAs with a focus on court work had more successful prosecutions than those where IDVAs did not focus on court work.

Long-term secure funding for IDVA posts should be a priority at a local level and a clear strategic commitment should be made to a coordinated approach. It is important to monitor the caseloads of IDVA services as many in the SDVC Review were working with more clients than best practice recommends.²¹

The IDVA can be a key point of contact for a victim who is a witness in a trial. Because of the independent nature of the IDVA role, IDVAs can work with clients from the point of crisis, through the court process and after. The end of a trial is often not the end of the abuse or harassment and risk levels can rise again.

Working with criminal justice agencies, the IDVA can ensure that the victim stays informed throughout the criminal justice process. They can also co-ordinate the protection of the civil and criminal courts to avoid a victim being left with no protection. That is, they can ensure a solicitor has been briefed so that a civil law order can be sought immediately after bail conditions are lifted. The value of this was recently highlighted in research from Dr. Amanda Robinson at Cardiff University.²²

²⁰ A Guide to Commissioning an Independent Domestic Violence Advisory Service is available from: info@caada.org.uk. It outlines the key considerations when setting up an IDVA service.

²¹ The Commissioning Framework for IDVA Services is available from info@caada.org.uk. It outlines the key considerations when setting up an IDVA service.

²² See www.caada.org.uk/library/index.html - a copy of the research can be found under 'evaluations'.

IDVAs also work to improve the court system. Successful SDVCs felt that IDVAs should be involved in SDVC training, planning, operation and performance reviews to ensure that victim safety is not compromised by the systems put in place. Witnesses are more likely to testify in a case when they feel it is safe to do so.

Good practice example:

The IDVA calls at the police station every day to attend the daily briefing session about the previous night's incidents, where non-MARAC cases can also be picked up and referred to a Women's Aid service. There are good working links between the IDVA and the DV Unit.

Another key role of the IDVA alongside the Witness Care Unit and the Witness Service, will be to inform victims of their rights under the Code of Practice for Victims of Crime and to support them to complain if they feel that a statutory agency has not met its obligations.

The **Code of Practice for Victims of Crime**²³ sets out the services victims can expect to receive from the criminal justice system including:

- A right to information about their crime within specified time scales, including the right to be notified of any arrests and court cases;
- A dedicated family liaison police officer to be assigned to bereaved relatives;
- Clear information from the Criminal Injuries Compensation Authority (CICA) on eligibility for compensation under the Scheme;
- All victims to be told about Victim Support and either referred on to them or offered their service;
- An enhanced service in the cases of vulnerable or intimidated victims; and,
- Flexibility with regard to opting in or out of receiving services to ensure victims receive the level of service they want.

Criminal justice bodies, including the Prison Service, the Criminal Injuries Compensation Authority and all police forces in England and Wales will need to ensure that victims of crime and their families receive information, protection and support.

The Government aims to ensure that every victim, including relatives of people who have died as the result of a crime, has access to information on support services in their local area.

²³ See www.homeoffice.gov.uk/documents/victims-code-of-practice

Good practice example:

Non-HR victims are referred to a Women's Aid outreach service for support if the victim agrees – as the IDVA is based in this agency there is good follow through.

Links between IDVAs, Victim Support and the Witness Service

Victim Support, an independent charity, helps people cope with the effects of crime, providing free and confidential support and information. The Victims' Code of Practice requires the police to ask all victims of DV if they would like to be referred to Victim Support for emotional support and practical help. They also receive self-referrals. A core part of Victim Support's service is to provide information and refer victims on to specialist services where appropriate.

Victim Support also runs the Witness Service which supports witnesses in every criminal court in England and Wales through a range of services that can complement the work of an IDVA, including:

- pre-trial visits which give victims a chance to see the court and learn about court procedures before they are a witness in a trial;
- a quiet place to wait;
- someone to go with the victim into the court room when giving evidence;
- arranging the use of separate entrances and waiting rooms (where possible);
- provision and support around giving evidence in accordance with any special measures that have been ordered by the court (e.g. giving evidence behind a screen or via a video link) for vulnerable or intimidated witnesses²⁴.

IDVAs, Victim Support and Witness Services should work together to produce local protocols that avoid duplication of services and provide the safest and most seamless service for victims and witnesses.

²⁴ As defined in the Youth Justice and Criminal Evidence Act 1999

Links between IDVAs and Witness Care Units

Witness Care Units (WCUs) also have responsibilities to keep the victim, who is a witness, informed at various stages in the criminal justice process under the Code. The WCUs link with DV specialists in each Area and local WCU protocols should clearly define local arrangements to provide information and support for victim and witnesses in each DV case – identifying an agreed primary point of contact, which should normally be the dedicated DV specialist.

If it is planned that the IDVA be the main point of contact for the victim who is a witness, there would need to be clear agreements between the IDVAs and the statutory agencies with responsibilities under the Code. These agreements will set out how the IDVA will carry out their responsibilities while statutory agencies ensure that they discharge their responsibilities as set out by the Code.

Role of the IDVA in the MARAC

The IDVA is crucial to the MARAC process. The IDVA contacts the victim before the MARAC, if it is safe to do so, and brings the victim's view of the situation to the MARAC. In Cardiff, 80% of the actions agreed at MARACs are progressed by IDVAs. In the context of the meeting itself, their role is to keep victim safety and the safety of any children central to the process. They are likely to have more information about the victim's situation and what might influence his or her safety than any other agency. This information will be crucial in developing a safe and appropriate risk management plan for each family.

Finally, IDVAs will be expected to keep the victim informed of any decisions made by agencies at the MARAC, and to ensure that the other agencies perform their functions safely. Since risk is always changing in DV situations, a decision that was safe at one time may not be only a short time later.

For further information about MARACs and IDVAs, see Component 2 or contact CAADA at marac@caada.org.uk.

Links between IDVAs and specialist refuge, resettlement and outreach DV services

IDVAs are risk-focused. When the risk has been addressed, the client may continue to need and want support. In addition, there are some victims that will not need the IDVA service but will need to be referred to other specialist agencies. A service for lower risk victims of DV and protocols for referral to it were strongly encouraged during visits to SDVC areas.

Local DV services can offer women and children a range of community-based support and practical help with financial, legal, housing and benefit issues. These services may include advice centres, drop-in services, support in schools and youth services, counselling services, and group support for women and children.

For women and children who need a safe place to stay, there is a national network of safe accommodation, specialist help and support. They may go to a refuge in an emergency before returning home, or before planning to leave the violent partner. Provision of housing options, including Sanctuary Schemes, access to move-on accommodation and re-housing for those unable to stay in their homes, are vital. Refuge workers also assess and manage risk and aim to increase the safety of women and children experiencing DV. Specialist refuges are available for women and children from Black and minority communities, including Asian, African, Jewish and Latin American, communities.

Women experiencing DV can self-refer to local refuges or can be referred by other agencies. Women's Aid provides the UK Gold Book - a directory of local refuge services and an on-line A-Z of services²⁵. They can also be accessed through the national helpline run by Refuge and Women's Aid on 0808 2000 247 or through the websites: www.refuge.org.uk or www.womensaid.org.uk.

For those moving on from refuges or other temporary accommodation, resettlement services are available in many areas. Floating support services are housing-related DV support services for survivors of DV, and are provided whilst staying in local authority temporary accommodation, in their own homes or after being re-housed following DV.

IDVAs and other partners in the co-ordinated community response should identify and assess existing local provision for victims of DV to build on what already exists in the voluntary sector. IDVAs should link, where possible, with other local DV services and refuges to provide a wrap-around service for victims of DV.

Management and Supervision of IDVAs

CAADA have drafted a Charter for IDVA services and are piloting draft service standards for them. These can be found at www.caada.org.uk in the Library of Resources. An effective IDVA service will focus on the safety of victims in all its dealings. The service should have procedures in place to keep IDVAs safe both in their workplace and when working in the community.

²⁵ See www.womensaid.org.uk

It will have clear lines of management and support, including regular case reviews to ensure consistent and safe practice and clinical supervision to maintain the emotional well-being of staff in this highly stressful work. The service will participate in the local co-ordinated community response to DV through its attendance at MARACs and work with MARAC victims and through its support for those going to court and its monitoring of the SDVC processes.

Training and accreditation for IDVAs

CAADA runs accredited training courses for IDVAs around the country. This is a 15-day course spread over 5 months that covers the dynamics of DV, risk and risk management, safety options including civil and criminal sanctions and housing possibilities. There is training also on the skills necessary to be successful in this work, for example, interviewing and negotiation. To date, 275+ IDVAs have been trained by CAADA and a further 200+ will be trained in 2008. These courses are followed by continuing professional development days and conference calls on topical issues as they arise. For information, contact info@caada.org.uk.

Component 5: Trained and dedicated criminal justice staff

The training of staff from all agencies in the particular dynamics and context associated with DV was identified as an important element of the success of the pilot SDVCs. In the 2007 Review, training was consistently viewed as having made a significant impact in contributing to a greater awareness of the most appropriate and effective responses to DV victims and perpetrators across all agencies, and the approach needed to support victims to reduce risk, maintain their engagement within the CJS and to help them, where needed, to rebuild their lives.

Training for all agencies which form part of the SDVC system should be continual to ensure new personnel are trained and existing personnel have access to refresher training. As new methods of tackling DV evolve (for example the MARAC) so should associated training. A key aim of any training in relation to the SDVC, will be to increase each agency's understanding of others agencies' roles and to manage expectations of what all agencies are able to achieve individually. Awareness also needs to be raised concerning individual agency's limitations to ensure expectations within the SDVC partnership are managed, as well as the essential task of ensuring individual agencies equip staff to fulfil their specific roles. Training can take place within each individual agency, be of a multi-agency nature or, ideally, be a mixture of both.

Good practice example:

Devon County Council hosts a multi-agency 'Tackling Domestic Violence' one day event which examines the nature, scale and consequences of DV and how to take appropriate action, where possible. Participants from a range of services including Health, Police, Social Services, Housing, Education, Probation, Courts and voluntary agencies participate in a workshop involving group discussions and participative exercises.

Available training products

There are a number of training products for use in SDVCs:

- MARAC training (see Component 2);
- Accredited training for IDVAs provided by CAADA (see Component 4);
- NPIA (formerly CENTREX) Police/CPS training materials "Responses to Domestic Violence";
- Judicial Studies Board (JSB) training pack for magistrates: "DV: An Ordinary Crime?"
- Accredited (CAADA) training for IDVAs (see Component 4); and,
- Access to periodic pots of funding (via the Tackling Violent Crime Programme) for training of police communications staff in providing an effective response to DV calls.

Police training

All police forces have received the NPIA “Responses to Domestic Violence” Training Programme and a guidance document: “Investigating Domestic Violence”, produced on behalf of the Association of Chief Police Officers (ACPO) by the (then) National Centre for Policing Excellence, now NPIA . The training programme is modular in nature and the workbooks are suitable for use on an individual basis as well as with more traditional face-to-face training methods. This enables the police service to be flexible about the delivery of DV training.

Whilst module 1 is the foundation module that should be delivered to all staff, the following suggestions have been made as to the particular suitability of each module:

Module 1	Understanding Domestic Violence	All staff
Module 2	Dealing with reports of Domestic Violence	Call handlers
Module 3	Investigating Domestic Violence	All Police staff
Module 4	Domestic Violence and Child Abuse	Police and CPS staff who deal with child abuse cases
Module 5	Specialising in policing Domestic Violence	Police DV officers
Module 6	Police leadership and Domestic Violence	Police managers
Module 7	Multi-agency responses to Domestic Violence	For staff engaging in multi-agency working
Module 8	Prosecuting Domestic Violence	CPS staff

It is recommended that a local voluntary sector trainer providing specialist services to victims of DV, such as Women’s Aid, are involved in the delivery of Modules 1, 7 and 8.

Any queries on the ACPO Guidance should be directed to the ACPO lead on DV (details available from ACPO, www.acpo.police.uk). Any queries about the NPIA (formerly Centrex) training should be directed to www.npia.police.uk.

Good practice example:

One SDVC that performed well in prosecutions listed an extensive range of activities as recommended in the ACPO guidance including:

- A well staffed DV Unit which has a quality assurance and control role from the beginning to end of a case with checks regularly being made in relation to positive action;*
- Police officers in the DV Unit analyse the previous 24 hours DV incidents. High risk victims are thus identified and trigger the MARAC process.*

CPS training

All prosecutors, caseworkers and designated caseworkers will have been trained in DV by March 2008, using Module 1 (Understanding Domestic Violence) and Module 8 (Prosecuting Domestic Violence) of the NPIA (CENTREX) modular training programme. Prosecutors working in specialist DV courts have been requested to undertake two day training.

Any new prosecutors, caseworkers or designated caseworkers have access to these modules on the CPS electronic interactive Prosecution College and are requested to undertake these before dealing with DV cases.

Good practice example:

Trials were always conducted by trained lawyers and agents were used only with reluctance, but always had DV training.

Any queries about Module 8 of the NPIA (Centrex) training should be directed to Funmi Johnson at funmi.johnson@cps.gsi.gov.uk

Her Majesty's Courts Service

A Judicial Studies Board (JSB) training package: "Domestic Violence – An Ordinary Crime?" has been available since 2003. At the time of publication, this was distributed to all Magistrates' Courts Committees with an invitation for at least one delegate to attend the training for trainers' events.

This training package is now available on line at www.jsbtutors.co.uk

Review Comments:

Specialist training has had a huge impact on magistrates' understanding of the issues involved in DV cases....training appears to have had a direct impact on decisions being made.

There is a demonstrable difference in the SDVC in the questions magistrates ask in the courtroom after training.

Partners recognised the impact of the training of magistrates upon sentencing.

The decision as to whether to run DV training events is a matter for the local Magistrates' Area Training Committee. The Justices' Clerk will be able to advise as to whether the magistrates and Legal Advisers have completed this training.

Any queries should be directed to Olwen Kershaw at olwen.kershaw@hmcourts-service.qsi.gov.uk

Good practice example:

In one area where the JSB pack was used, magistrates and Legal Advisers, CPS, Probation staff, Witness Service and DV Officers all attended the training events. This provided the various agencies with an opportunity to share ideas and discuss relevant issues together.

National Probation Service

All probation areas are trained using a national domestic abuse training package associated with the implementation of the accredited domestic abuse perpetrator programmes. This includes:

- 1½ days domestic abuse awareness training for front line staff and partner agencies; and
- Role specific training for offender managers, Women's Safety Workers and facilitators of the group work programme.

All relevant staff are also trained to use the SARA risk assessment tool.

Good Practice Example

In one SDVC modules from IDAP have been used in a magistrates' training session.

Dedicated Personnel

The identification of dedicated personnel within each agency, with allocated time to carry out related SDVC work, had significant benefits for the successful operation of SDVCs within the 2007 Review²⁶. Where such an approach was taken the resulting consistency of approach and development of experience was reflected in the delivery of a high standard of service throughout the system.

²⁶ <http://www.crimereduction.homeoffice.gov.uk/dv/dv018.htm>

Component 6: Court listing considerations

Adopting a particular listing practice within an SDVC enables all criminal justice and voluntary agencies to adapt and focus their resources to maximum effect.

Evidence from the 2007 Review suggested that the type of listing approach adopted can have a significant impact on the success of the whole approach to DV in the magistrates' courts.

There are a number of different options for the listing of DV cases in SDVCs. Factors that will affect the decision about which option to adopt will include: numbers of cases, size and nature of overall workload at court, and availability of specialist staff from other agencies.

While the ideal is that all magistrates dealing with DV cases have received specialised training, in those areas where it is not always possible to list all cases accordingly, arrangements have been made to ensure that at least one member of the Bench and the Legal Adviser have received the training, options may include:

- **Cluster cases** in a court session either for local justice area or a wider than usual area. These usually include pre trial reviews (PTRs), remands, pleas, sentencing and even specific sessions for trials;
- **Cluster and fast-track cases** as above but proceeding according to a faster set of time scales compared to a non DV case; and
- **Fast track cases** in terms of either first hearing, PTRs, abridged trial dates etc. (*See reference to CJSSS below*).

In the 2007 SDVC Review evidence suggested that some form of clustering approach was the most effective in ensuring the focus on victim safety and confidence was maintained throughout the court process. A cluster court ensured the availability of wrap around support services, specialist support and the deployment of dedicated personnel from all agencies.

It was apparent that if only the fast track or trial-only listing options were adopted there was a very real risk that victim safety was not considered carefully enough, by all agencies, throughout each stage of the court process. To ensure this does not happen, steps must be taken to ensure that trained and dedicated staff and the wrap around services are provided for all hearings.

Other listing considerations to be considered include single rather than double listing DV trials. If double listing practises are unavoidable DV trials need to be given a priority. Morning trials may be useful to accommodate child care and the school run. Applications to vary bail should only be considered after all the parties have been informed.

Good practice example:

In one area the police list all new DV charges to one of 6 DV courts held each month. These courts are then used for further remands and adjournments of cases up to sentence or trial.

In another, all DV cases that had to be moved from the cluster court were always transferred to a court where the Bench had DV training. Trial courts always had a DV trained Bench.

Where it is proposed that changes be made to listing arrangements, the approval of the Justices' Issues Group (JIG) is required. The consultation procedure is detailed in the HMCS Protocol for Dedicated Court Lists in the Magistrates' Courts, issued on 30th September 2005²⁷.

Simple Speedy Summary Justice: CJSSS

The introduction of the CJSSS initiative across England and Wales is designed to ensure that more first hearings in all adult charged cases are effective, and that contested cases proceed to an effective outcome within a reasonable timescale (normally 6 weeks) with PTRs taking place by exception.

The CJSSS initiative is entirely compatible with the SDVC Programme. Nevertheless, SDVC areas should consider their interaction to ensure the specialist nature of the SDVC is maintained.

In relation to the different models for SDVCs:

- some SDVCs hold PTRs for DV cases because of the risk of attrition and the need to take account of the needs of victims. That is completely acceptable under CJSSS provided they add demonstrable value;
- some SDVCs list all DV cases before a specialist DV bench at first hearing. Again, that is entirely acceptable under CJSSS;
- some SDVCs fast track DV cases. CJSSS is intending to speed up all adult charged cases so that the majority of contested cases are tried within 6 weeks. SDVCs which fast track will need to consider whether there is any sense in speeding up cases further. If there is no real case for further improvements in speed, SDVC Steering Groups must still continue to develop the other components of the specialist response (e.g. training and the IDVA).

²⁷ http://www.judiciary.gov.uk/docs/dedicated_courts_protocol_v1_050929.pdf

Any queries should be directed to Olwen Kershaw at olwen.kershaw@hmcourts-service.gsi.gov.uk

Component 7: Equality and diversity issues

The Review of SDVCs indicated that some of the SDVCs with a lower proportion of successful prosecutions were dealing with a higher proportion of defendants and victims from Black and minority ethnic communities. To ensure improved prosecution outcomes and victim safety and satisfaction, equality and diversity issues need to be addressed in each SDVC, addressing the needs within the local population.

Equality Duties

SDVCs need to address good practice in relation to a range of equality and diversity issues covering ethnicity, gender, disability, sexuality, religion/belief and age. In the past, the approach to equalities has been strand specific, for example to address gender issues separately from ethnicity issues. However, a more holistic approach would be to recognise the fact that an individual's identity is made up of different components and devise an approach that moves away from strand specificity.

The Race, Disability and Gender Equality Duties require public bodies to have 'due regard' to the need to eliminate discrimination and to promote equality. There are also developing legal obligations in respect of what are called the 'new' equality strands for religion or belief, sexuality and gender-identity and age. Whilst there are no current statutory equality duties in respect of these three strands, there may be in the future²⁸. Many organisations have already developed a Single Equality Scheme to implement equality of all listed strands.

Alongside the equality duties, bodies are requested to undertake an Equality Impact Assessment of the work of the SDVC. Each statutory agency will have their own processes and agencies should ensure compliance by drawing up equality impact assessments in relation to a range of communities. These assessments are to identify and address disproportionate provision of services and to address improvements.

Public Service Agreements

In addition the Criminal Justice System (CJS) Public Service Agreements (PSAs) for 2008-11 include in PSA 24:

- Improving our understanding of the equality and diversity issues and addressing any disproportionate service provision.

Support for victims and witnesses

IDVAs and specialist support services need to address the needs of victims from all communities, including those whose needs are not usually addressed through standard service provision.

²⁸ The Discrimination Law Review may move towards a single set of equality principles.

Monitoring of service provision

Profile of victims and defendants

Monitoring of cases should include gender, ethnicity and disability at least and, where possible, religion/belief, sexuality and age of both defendants and victims.

Service provision

All SDVCs need to consider what services are appropriate for their Area to address the needs of their communities. SDVC partnerships should consider each of the strands and how they will provide services as appropriate. Equality and diversity should not be restricted to provision for Black and minority ethnic communities. All agencies should address their provision, with specific attention to those provided by the SDVC partner agencies - **police, CPS, IDVAs, courts and probation**. Monitoring of service provision should also include gender, ethnicity and disability at least and, where possible, religion/belief, sexuality and age of both defendants and victims to correlate their service provision with their equality profiles.

Involvement of victims and witnesses in service development

SDVCs should consider pro-active involvement of victims/witnesses from a range of communities in court visits and consultation to improve performance and public confidence.

Specific issues faced by various communities

Details on working with Black and minority ethnic communities, male victims, victims from LGBT communities, older victims, victims with disabilities and working on elder abuse are attached in Annex 2. It highlights the dynamics and issues that might be present in some of the identified populations and communities. Annexes 3-7 provide information on the various organisations able to assist with issues, resources and support services.

Component 8: Performance management

The Review of SDVCs indicated that where performance management of SDVC data was regularly undertaken the partnerships were more likely to address issues as they arose and improve their performance appropriately. Collection of data, its collation and analysis, through a named contact, maximised performance.

Public Service Agreement (PSA) Targets

The Criminal Justice System PSA targets already indicate improvements to be measured in 2008-11.

PSA 24: To deliver a more effective, transparent and responsive Criminal Justice System for victims and the public

To improve:

- Effectiveness and efficiency of the CJS in bringing offences to justice;
- Public confidence in the fairness and effectiveness of the CJS;
- Victim and witness satisfaction with the CJS and the police; and,
- Understanding and addressing race disproportionality at key stages in the CJS.

PSA 23: To make communities safer

To improve:

- Level of most serious violent crimes;
- Commitments to prioritise action to tackle the most serious sexual offences and DV; and,
- Public confidence in local agencies involved in tackling crime and anti-social behaviour.

Success measures

The Review also, for the first time, addressed measures of success that included both justice and safety. In April 2008, success measures and targets will be suggested by the National SDVC Steering Group to reflect the CJS Public Service agreements and address improvements in prosecutions and in safety, support and satisfaction of victims.

Quantitative data

There are five key sources of quantitative data to monitor the SDVCs:

- Police;
- CPS;
- Courts;
- Probation; and,
- IDVAs.

Templates

Templates for data collection are on the Home Office website and will be revised in April 2008²⁹.

Police data

As there is currently no central collection of police DV data at BCU level by the Home Office, there will need to be negotiation between the SDVC and the police to enable these data to be collected at a local level. Data to be collected includes number of incidents, crimes, arrests and referral to MARACs, including any repeats at MARACs. In the revised forms, we are also asking areas to collect data on disposals, which will be of use locally in monitoring performance, and also nationally in relation to understanding further, the attrition across the CJS.

CPS COMPASS data³⁰

The majority of monitoring required for the SDVCs will be carried out through the CPS data collection systems. DV is already flagged on COMPASS within the Case Management System (CMS) for defendant data and Witness Management System (WMS) for victim and witness data. For SDVCs, CPS prosecutors need to flag whether a DV case is heard in the "DV specialist court" in COMPASS CMS and WMS.

CPS staff should ensure that all their administrators and duty prosecutors are informed which cases go to the SDVC and requested to flag both "DV" and "DV Specialist Court". On the COMPASS system CPS staff should also ensure that they enter the name of the magistrates' court, so data can be pulled out centrally at Headquarters for data analysis.

Templates are not needed for CPS data as quarterly it is analysed at CPS Headquarters.

Defendant data

Data analysed includes prosecution outcomes by gender. HQ provides analysis of the SDVC number of cases and success rates, compared with the Area as a whole in which the SDVC is located. More detailed data is also analysed annually based on ethnicity outcomes, reasons for unsuccessful outcomes, principal and key offences.

Victim data

Victim and witness data on service provision is also available for Areas using the Witness Management System for cases going to trial.

²⁹ www.crimereduction.gov.uk/domesticviolence/domesticviolence59.htm

³⁰ The Crown Prosecution Service's Case Management System and Witness Management System.

Probation

Accredited programmes in CJS delivered by Probation are a system of integrated components of which one is attendance on core group work. Probation gathers data on referral to perpetrator programmes, starting and completion dates and length of time from sentence to start of core group work. The probation representative on the group could be asked to provide the data quarterly. They could also be asked to provide data on pre-sentence report completion and on community sentences without programme requirements.

Court data

As there is no flagging system for DV within court data collection systems, data from the SDVC cannot be automatically produced. Local arrangements will need to be set up to gather and compile this data regularly, using the templates provided.

IDVA data

A data template is provided for IDVAs. The data to be collected and the method has been changed as a result of conversations with IDVAs and analysis of the first tranche of data. Data is now collected on each client at two distinct points. The first data point is on intake and gathers information that includes where the referral came from, risk level, ethnicity, contact and engagement.

The second data collection point occurs when the case is closed or after four months. The information to be gathered at this point concerns the work done with the client and changes in the client's situation that contribute to her/her safety, for instance civil and criminal procedures (specifically where IDVA support covers the criminal-family interface, for example, with the criminalisation of non-molestation orders), target hardening, and changes in housing or immigration status. SDVCs may also wish to gather qualitative data directly from IDVAs or victims, especially in relation to victim safety, support and satisfaction.

A guidance sheet is provided and any queries on this data should be directed to: info@caada.org.uk.

Effective data collection on the IDVA service is essential for the assessment process for central funding.

Voluntary sector perpetrator programmes

Data on referral to voluntary programmes, including time waiting for place, their attendance and completion would also be useful as both a performance management aide for the programme, and also to enable the SDVC Steering Group to be able to consider the effectiveness of the range of interventions that are being implemented to manage perpetrators to reduce the risks they pose.

Equality issues

Data breakdown by all agencies is needed, into equality profiles of defendants and victims, to identify and address any potential disproportionate outcomes. This is key under equality legislation and PSAs (see Component 7). Agencies also need to implement measures to deal with any disproportionality.

Management of performance

Data by agency

Each agency should address the quality control of their data. Although CPS data is collected centrally it is crucial that CPS SDVC leads check locally on their flagging regularly and access their data from CPS HQ quarterly to inform the local steering group of success rates in relation to prosecutions.

Collation

It is recommended that one lead person is identified locally as being responsible for the data collection and collation (and the identification and tracking of cases – see Component 3 - Identification of cases). It is suggested that this is in or linked to the Local Criminal Justice Board or Local Authorities. Data from the police, courts, probation and IDVAs should then be sent to the local partnerships for performance management and to the National SDVC Steering Group at CPS for collection throughout the year.

The National Team will forward the CPS data quarterly to the lead contact for inclusion in their performance management.

Reporting to strategic partnerships

The data should then be presented to the local governing body of the SDVC to enable progress to be monitored, at least quarterly, at a local level. Effective performance management systems are key to inform operational activities. In addition, the local SDVC strategic partnership should use the data at their regular meetings to inform planning and progress overall.

Evaluation

Local areas need to build some evaluative processes into their SDVC work. Suggestions include:

- Comparison of this data for each court with the general data across their Area;
- Comparison of repeat victimisation rates among those whose cases have been reviewed by the MARAC;
- Qualitative evaluation could be considered through surveys, snapshots or regular questionnaires of victims to address satisfaction and safety (see link on SDVC Resource Manual web page for Wigan's victim satisfaction questionnaire); and,
- Local Witness Care Units could be requested to include DV victims in their satisfaction questionnaires.

Good practice example:

The pilots in Caerphilly and Croydon found difficulty in ensuring that all agencies gathered agreed data and provided it to an agreed schedule. Caerphilly improved dramatically by providing a local administrator who tracked the cases, collected data from all agencies and reminded all services of the data needed. It is essential this is done regularly with the end of quarter reminder for all completed cases where data is required.

Additional data collection

The points above outline the processes that are in place for the collection of the recommended minimum data set for an SDVC. However, SDVCs may also want to collect further data to identify the progress of the SDVC itself. These include data from other support services for victims; further COMPASS and police data; and data that may be produced by probation or voluntary sector perpetrator programmes. Local negotiations would be needed to ascertain additional data each SDVC would like to collect. Evaluation by service users will also be needed.

Where the data permits, the above should be considered in terms of diversity and equality.

Information-sharing

See Component 1.

Once data is shared the analysis presented to the local SDVC Steering Group should be anonymised.

Component 9: Court facilities

Court facilities can play an important role in improving the court experience for victims of DV. In both the pilot courts and in the recent SDVC Review, a number of victims believed that the use of a witness suite particularly helped to increase feelings of safety.

Whilst court buildings vary in design and facilities available, the following components are desirable in SDVCs:

- Separate entrance / exits or making special provision; and,
- Separate waiting facilities within or outside the courthouse.

Following central investment of over £3.4m over the past three years to improve witness waiting accommodation standards in terms of safety and comfort, all Crown Court centres and 96% of magistrates' courts have some kind of separate waiting facility to offer victims and witnesses.

HMCS Regional Estates Managers have responsibility for any further improvements.

In all areas, local arrangements should be made to minimise the fear or threat of intimidation to victims attending at court. Facilities for child witnesses should also be available in the court (see Component 10). Applications to the courts to use special measures, such as screens and video links should be made wherever it is felt to be needed. Victims should also be made aware of the system for having fares paid to court.

National agreement between the CPS and Victim Support:

There is a national agreement between the CPS and Victim Support to facilitate pre-court visits, offer pre-court support and meet the witnesses on the day to escort them to the separate waiting areas.

Details can be obtained from the local Victim Support Area Office.

Good practice example:

In one area, arrangements have been made for those instances where it is felt necessary, to allow witnesses to wait in a separate building and be escorted into the courthouse through the magistrates' car park.

Good practice example:

The IDVA approaches Witness Service directly, who approach the Crown Prosecution Service to raise any special measures applications.

Good practice example:

'Standing Together Against Domestic Violence', with victim/witness support agencies, conducted a safety audit of the magistrates' court building and of the process before during and after court for victim/witnesses.
www.standingtogether.org.uk

Links to Witness Care Units:

Local protocols defining responsibilities for providing information and support for victims and witnesses in each case will need to ensure that the service provided meets No Witness No Justice (NWNJ) Minimum Requirements³¹, and the commitments contained within the Code of Practice for Victims of Crime³². The service delivered may require the combined effort of the dedicated specialist and the Witness Care Unit, e.g. the specialist may act as a primary point of contact with support from the Witness Care Unit in making appropriate practical arrangements such as child care or travel.

Technically it is the responsibility of the CPS to arrange for interpreters for prosecution witnesses. However in practice, this function would normally, but not in all cases, be undertaken by the Witness Care Unit.

In the recent Review of SDVCs, it was clear that effective links between IDVAs, Witness Service and CPS could ensure the early recognition of the need for special measures applications. In order to maintain its effectiveness there should be regular monitoring of the process and actions taken to address any problems.

The specific responsibilities of the WCU in relation to special measures are as follows:

- The police must take all reasonable steps to identify vulnerable or intimidated victims (Victims Code commitment 5.7) and are required to complete an initial needs assessment for all civilian victims and witnesses at the point of statement by completing the MG11(NWNJ Minimum Requirement);
- Prosecutors are required to ensure that victim and witnesses needs have been considered at the point of charge (NWNJ Minimum Requirement);
- Witness Care Units are required to conduct a full needs assessment for all civilian victims and witnesses where a not guilty plea is entered. (NWNJ Minimum Requirement and Victim's Code commitment for victims 6.2);

³¹ Unpublished, though some elements are included in the Victims Code of Practice

³² <http://www.homeoffice.gov.uk/documents/victims-code-of-practice>

- Applications for special measures are made by the CPS. Crown Prosecutors are required to make appropriate applications (Victim's Code commitment 7.8); and,
- Witness Care Units are required to keep victims and witnesses informed of the outcome of special measures applications (NWNJ Minimum Requirement and Victim's Code commitment 6.7 for victims).

Witnesses should be made aware of the opportunity to take part in pre trial visits with the Witness Service. Recent research commissioned by the Home Office (*Are Special Measures Working*) concluded that pre trial visits are the most successful of the non-statutory special measures in supporting victims and witnesses to give their best evidence.

Witness Care Units will ensure that each victim and witness has all the support and information they need so that they are able to attend court and give their best evidence (this includes ensuring that any agreed special measures are provided.)

'Going to Court' DVD:

A DVD ('Going to Court: A step by step guide on being a witness') was launched throughout England and Wales at the end of September 2007. The DVD is an interactive, multilingual, animated DVD designed especially to help adult victims and prosecution and defence witnesses understand their role in the criminal court process. It is an easy to follow animation seen through the eyes of a witness. It explains what to expect throughout the court process and follows the journey a witness makes from making a statement through to after the trial. The DVD targets all victims and witnesses in criminal proceedings, particularly socially excluded and vulnerable witnesses. It is available with voiceovers and subtitles in English and Welsh, and eight additional languages on one disk. The DVD is distributed to victims and witnesses via Witness Care Units, defence solicitors and the Witness Service.

It is available to view and download online (where it is also translated into Polish) at www.direct.gov.uk/goingtocourtvideo.

In addition, HMCS has developed new information leaflets. These local leaflets, available from Witness Care Units, the courts or electronically at <http://www.hmcourts-service.gov.uk/HMCSCourtFinder/> provide information on the services and facilities available at criminal courts for witnesses, including who to contact at the court, what to expect on arrival and what happens after the witness has given their evidence.

Component 10: Children and young people and the SDVC

The success of the SDVC will rely on it being both sensitised to the specific needs of children as witnesses in DV cases and also the strength of the wider wrap-around services to effectively identify, support and safeguard children experiencing DV.

Children as witnesses at the SDVC

Giving evidence is never easy but children as witnesses need special care. In relation to children in court, consideration needs to be given to the:

- Rights of child victims and witnesses and the new Code of Practice for Victim's of Crime³³ and Prosecutor's Pledge³⁴
- Applying to use those special measures³⁵ available to children under 17 years.

The Police, and others involved with interviewing children, have been issued with guidance on *'Achieving Best Evidence in Criminal Proceedings: Guidance on Interviewing Victims and Witnesses, and Using Special Measures'*³⁶. The CPS also have a policy on prosecuting criminal cases involving children as victims and witnesses³⁷. This is available in suitable formats for children and young people³⁸.

Pre-court familiarisation visits can help children feel more comfortable when they have to give their evidence by enabling them to:

- See where the defendant will sit;
- See where they will wait and give their evidence;
- See how the video link equipment works;
- Meet the judge;
- Meet the lawyer who will deal with the case in court;
- Meet the person supporting them on the day of the trial (see below);
and,
- Discuss any fears or concerns they have.

Best practice would be for someone who the child has already met, who knows the building and the procedures and is trained to give children support to be available both during the visit and on the day of the trial.

Liaison with the Witness Care Units should be undertaken to ensure that maximum facilities and support are provided for child victims and witnesses.

³³ <http://www.homeoffice.gov.uk/documents/victims-code-of-practice>

³⁴ http://www.cps.gov.uk/publications/prosecution/prosecutor_pledge.html

³⁵ Including using a video recording to give evidence, answering questions using the video link from another room, giving evidence in private (clearing the court), barristers and judges in the Crown Court removing their wigs and gowns, aids, such as sign and symbol cards, for children with communication needs, use of intermediaries and, screens to prevent a witness who is in court from seeing the defendant.

³⁶ <http://www.homeoffice.gov.uk/documents/ach-bect-evidence/>

³⁷ http://www.cps.gov.uk/victims_witnesses/children_policy.pdf

³⁸ http://www.cps.gov.uk/victims_witnesses/jermone_english.pdf; http://www.cps.gov.uk/millie_english.pdf

Childcare while adult victims attends court

When deciding on the SDVC listing, consideration should be given to the childcare issues of victims and witnesses. Listing DV cases in the afternoon may hamper victim attendance due to the need to collect children from school or child minders.

Good practice example:

One SDVC which initially listed SDVC cases on a Wednesday afternoon had to revise it's listing to the morning as many victims were not attending due to having to pick up children from school mid-way through the court session.

Where possible, the broader SDVC partnership should consider the feasibility of providing childcare facilities near to the SDVC and promote entitlements to child care expenses to victims within the SDVC.

Good practice example:

One SDVC made use of an empty house adjacent to the courthouse as a resource for the IDVA service and a crèche facility. Both the victims and their children could wait before giving evidence and where they could have a cup of tea in a safe supportive environment afterward appearing at the SDVC.

Ensuring the wraparound services of the SDVC are able to identify and safeguard children experiencing DV

The wider crime reduction (CDRPs/CSPs) and criminal justice partnerships (LCJBs) within which the SDVC sits should be assessing themselves against the standards set out in the commissioning guidance: '*Vision for services for children and young people affected by domestic violence*' commissioning guidance³⁹ (see **Annex 8** for further details of the standards).

1. Protection and safety: children and young people affected by DV are identified and protected from further harm.
2. Services to promote wellbeing, achievement and self esteem: children and young people affected by DV are able to develop to their full potential.

³⁹ Produced by the LGA, ADSS, Women's Aid and CAFCASS: <http://www.lga.gov.uk/lga/publications/publication-display.do?id=21106>

3. Early identification, assessment and information sharing: children who are vulnerable as a result of DV are identified, and these children and the non-abusing parent are assured of a co-ordinated response from agencies who share information appropriately and safely (*see good practice example below*).
4. Prevention and education: all children/young people and their parents/carers are informed about healthy relationships and the impact of violence and abuse.
5. Co-ordination and planning: to ensure that services for children/young people affected by DV are systematically planned and co-ordinated in each local authority area.

Good practice example:

South Wales has devised a protocol specifically to enable information to be shared in DV cases where:

- Children under the age of 5 years resident in the household.
- There are children under the age of 18 years resident in the household.
- A victim is pregnant.

http://www.caada.org.uk/library_resources/WSU2.doc

Good practice examples:

Referrals are made to a NSPCC project, Child and Mental Health Services (CAMHS) team and the IDVA service.

Links to Education and Health in relation to DV were developing quickly. The LSCB had undertaken to oversee the MARAC.

Component 11: Managing Perpetrators

The core focus of working with DV perpetrators should always be reducing the risk of harm posed by the offender and enhancing the safety of the victims and potential victims – predominantly women and children.

Managing perpetrators within the criminal justice system

Pre-Sentence Reports (PSRs)

Fast Delivery PSRs are not usually appropriate in DV cases due to the need to undertake a full risk assessment and obtain collateral information from local police domestic abuse or community safety units, and address victim issues (often brought forward by a victim advocate, IDVA or Women Safety Worker (WSW)).

In all domestic abuse cases, the PSR writer/Offender Manager should ensure that a rigorous risk assessment is undertaken through the completion of the Offender Assessment System (OASys) including the risk of harm to children where this is identified and the Spousal Assault Risk Assessment (SARA). OASys highlights physical violence to a partner and children and logs evidence of DV/partner abuse in terms of both perpetrator and victim. This should trigger the need for further assessment using SARA. The use of OASys supplemented by SARA in domestic abuse cases where the assessment is focused on the perpetrator enables a thorough assessment of risk of re-offending and risk of harm posed by the perpetrator.

The risk assessment must also take into account the well-being of children involved, identify how their needs will be addressed and where appropriate ensure a referral to the Local Safeguarding Children Board (LSCB) is completed using the Common Assessment Framework (CAF).

If a PSR writer proposes a community sentence with a domestic abuse programme requirement, he/she will usually ask for a 2 year community sentence. This is the desirable length of sentence given the length of the programme and the need to administer evaluation measures 6 months after the last group work session.

Good practice example:

The IDVA is contacted for information to feed into all DV related PSRs.

Perpetrator programmes

Currently in the UK there are only perpetrator programmes for male perpetrators who have been abusive to female partners. The needs of male and female perpetrators in same-sex relationships and female perpetrators who have been abusive to male partners need to be researched so that appropriate services can be developed.

Programmes for suitable male perpetrators currently supervised by the probation service are provided by all areas of the National Probation Service in England and Wales and, on a limited basis, in some prison establishments. Two programmes have been accredited by the Correctional Services Accreditation Panel (CSAP)⁴⁰ for delivery in the community as a requirement of a community sentence or on release on licence from a custodial sentence:

- The Integrated Domestic Abuse Programme (IDAP); and,
- The Community Domestic Violence Programme (CDVP).

The local probation service will know which programme is operating in their area and can advise on current availability and suitability. They can also advise on work that can be undertaken with offenders who are unable to participate in the accredited programmes. In addition, CSAP's rigorous approval process has accredited one programme for use in custodial settings: the Healthy Relationships Programme (HRP), delivered in moderate or high intensity. The accreditation process means that the design of the IDAP, CDVP and HRP is based on the best available research into effective work with domestic abuse perpetrators.

IDAP and CDVP consist of the same infra-structure:

- Inter-agency risk assessment and risk management, involving information exchange protocols with the police and other relevant agencies;
- Contact with the known victims and new partners of men accepted on to the programme to ensure they have realistic expectations, encourage safety planning, to give information about the programme and invite them to contribute to the evaluation of the programme;
- Pro-active management of the offender by the supervising offender manager for a quick return to court in cases of non-attendance; active liaison with the police and women safety workers; delivery of some individual structured sessions; and,
- Group work sessions with the offender.

⁴⁰ The Correctional Services Accreditation Panel, an independent government body, consists of international experts and accredits programmes based on the most up-to-date research evidence as to their effectiveness

In line with the most up-to-date research, all aspects of this infra-structure must be in place for the programmes to be likely to be effective. The programmes are, therefore, much wider than the core group work and are more akin to a system, with the interagency risk assessment and risk management, contact with the known victims and pro-active offender management all beginning whilst the offender is in custody or directly after sentence in the community.

Prior to the commencement of session one of the core group work, essential one-to-one work with the offender must have been successfully undertaken by the supervising offender manager. Whilst it is important to ensure the timely commencement of the core group work, some offenders may have to wait for a period of time for the appropriate entry point. This can be due to the offender's circumstances, for example the need to undertake stabilisation of a severe substance misuse problem or additional pre-core group work on motivation. Men waiting to start the core group work will be supervised by their offender manager who will have received role-specific domestic abuse training.

The aims of the programmes are to:

- Reduce the risk of violent crime and abusive behaviour towards women in relationships by helping perpetrators change their attitudes and behaviour;
- Reduce the risk of all violent and abusive behaviour in the family;
- Increase the offender's ability to respond non-abusively, to change abusive beliefs and empathise with his victim(s);
- Give offenders a greater sense of personal responsibility for their violence;
- Help offenders accept that they exercise choice in the way they behave; and,
- Increase the offender's ability to identify high-risk situations and effectively to manage these in the future.

The programmes are suitable for male offenders who:

- Are heterosexual;
- Have been assessed as a medium to high risk of relationship violence as indicated by severity and/or pattern of abuse using the Spousal Abuse Risk Assessment (SARA);
- Have committed at least one act of violence against an intimate partner;
- Have basic literacy, language competency and comprehension skills;
- Are willing to sign a consent form which will include the sharing of relevant information with the offender's spouse/partner; and,
- Are assessed as suitable in a Pre-Sentence Report.

The programmes are not suitable for:

- Female offenders;
- Offenders in same sex relationships;

- Offenders with severe mental health issues;
- Offenders who are judged unable to meet the learning outcomes because of, for example, severe drug dependency; and/or,
- Offenders who absolutely deny the offence or do not accept any personal responsibility for what happened.

Managing Perpetrators not suitable for programmes

For offenders not suitable for the accredited domestic abuse programmes a range of requirements can be attached to community sentences (or custodial licences) which may be effective for domestic abuse perpetrators:

- Supervision Requirement;
- Drug Rehabilitation/Alcohol Treatment Requirement;
- Mental Health Treatment Requirement;
- Residence Requirement;
- Activity Requirement;
- Prohibited Activity Requirement;
- Exclusion Requirement;
- Curfew Requirement.

If the offender is living or returning to live with the victim or another partner, a Curfew requirement is not usually appropriate. This could confine him to the house when it may be safer for the victim if he were not in at all. IDAP, for example, teaches the men a number of strategies for avoiding violence, including the taking of 'Time Out'.

Offender managers can undertake structured individual work with perpetrators focusing on domestic abuse in relation to motivation to change and to reduce denial, minimisation and blaming. This can be an effective way to support someone towards change and may lead to a change in assessment for suitability for the accredited domestic abuse programmes.

Most domestic abuse offenders supervised by the probation service share the range of criminogenic need of other offenders being supervised and have committed a range of offences that are not related to domestic abuse as well as those which are domestic abuse related. Given the overlap of criminogenic need, where appropriate, general offending behaviour programmes can be used. To avoid the potential of further harm to victims, these programmes should be delivered in the context of inter-agency risk assessment and risk management and implementation of women safety work.

Perpetrators can be referred for substance misuse treatment. This should be delivered by staff trained in domestic abuse issues to avoid collusion.

Issues such as accommodation needs and improving employability can be addressed. Again, this should be carried out by staff which have received domestic abuse awareness training to avoid collusion and enhance risk management.

Programmes outside the criminal justice system

There are currently approximately 40 community-based perpetrator programmes being run outside the CJS. These take referrals from non-criminal justice routes, such as social services, the family courts, health professionals and self-referrals from perpetrators themselves. Respect has been funded by the Home Office and Lankelly Chase to develop accreditation for these perpetrator programmes and associated support services. The accreditation system will be up and running from April 2008 – see Annex 9. For more details see Respect’s website:

http://www.respect.uk.net/pages/Accreditation_Development_Project.html

In the meantime, it is advised that programmes in the voluntary sector should work in accordance with Respect’s principles and standards. A framework for programmes is set out in Respect’s document 'Statement of Principles and Minimum Standards of Practice', also available on their website.

Availability of programmes

Outside of the CJS, not every area in England and Wales has a voluntary referral perpetrator programme and associated support service. The Respect Phoneline⁴¹ 0845 122 8609 provides information on local programmes and offers advice on best practice for professionals who come into contact directly or indirectly with DV perpetrators, as well as providing a service for perpetrators themselves.

Annex 10 outlines perpetrator programme publications and resources.

⁴¹ The Respect Phone line is funded by the Home Office and is open Monday, Tuesday, Wednesday and Friday 10am to 1pm and 2pm to 5pm.

Component 12 – Other services

The SDVC forms part of a wider Coordinated Community Response to DV and as such, work should be undertaken to ensure that the wider range of services DV victims may need to access are appropriate and adequately resourced.

Housing services

Often, DV victims who have a case progressing through an SDVC have a range of issues that need to be addressed, not least housing. A range of local housing options can ensure that victims are safely and suitably accommodated during a particularly stressful and often risky time.

Local Authorities and Resident Social Landlord should incorporate an effective response to reports of DV, and the management of identified perpetrators, into their policies and procedures. There is also some specialist accommodation related support offered to DV victims:

Refuge services

Refuge services (such as those provided by Women's Aid and Refuge) offer not just temporary accommodation but specialist help and support for women and children experiencing DV.

Good practice examples:

Women experiencing DV can self-refer to local refuges (through contact them directly or by phoning the National 24 Hour Domestic Violence Helpline - 0808 2000 247) or can be referred by other agencies.

Women's Aid provides the UK Gold Book - a directory of local refuge services and an on-line A-Z of services⁴².

- Refuge workers should be routinely assessing the risks faced by victims on an ongoing basis.
- If refuges identify high risk victims of DV, they should be making a referral to the local Multi-Agency Risk Assessment Conference (MARAC) and sharing information in accordance with MARAC procedure.

⁴² See www.womensaid.org.uk

- Refuge workers should also be linking in to the local IDVA services to ensure that high risk victims can be supported if they have a case progressing through the CJS and also if they leave the refuge for any reason (i.e. if the victim decides to return home or to re-establish a relationship with the perpetrator).

Sanctuary Schemes

Sanctuary Schemes provide professionally installed security measures to allow those experiencing DV to remain in their own accommodation where it is safe for them to do so, where it is their choice and where the perpetrator no longer lives within the accommodation.

Good practice examples:

Joint LGA and Communities and Local Government guidance aims to help local authorities and other key stakeholders set up and run effective schemes designed to help victims of DV:

<http://www.communities.gov.uk/documents/housing/pdf/154295>

Best practice schemes are fully linked with other support services to ensure that the victim receives practical support in developing safety plans that will enable her to feel safe within the neighbourhood as well as within her home.

Health services

DV impacts significantly on health services, however they are also integral to the early identification and prevention of DV and, as such, should be an engaged and active partner within the wider DV agenda. Accident and Emergency Departments, General Practitioners, midwifery services health visitors and mental health services are all services to which DV victims often disclose. Such services should be:

- Linked into MARACs to ensure that cases they have concerns about are dealt with in this multi-agency setting.
- Ensuring staff are asking, where appropriate, about DV and know to which specialist support services their clients can be referred.
- Working effectively with the police to ensure best medical evidence is provided for DV cases progressing through the SDVC.

Detailed guidance on dealing with mental health and DV can be obtained from the Greater London Domestic Violence Project via their website: www.gldvp.org.uk

Substance misuse services

Because of the overlap between DV and substance misuse, it is advisable to undertake screening for drug and alcohol use by service users to determine whether specialist help should be sought. Sample screening tools can be found in chapter five of the *Stella Project's Domestic Violence, Drugs and Alcohol: Good Practice Guidelines*⁴³.

IDVAs are encouraged to attend drug/alcohol awareness training to accompany any work they do with survivors on this issue.

A list of local drug/alcohol agencies can be obtained from the local Drug and Alcohol Action Team (DAAT) in the local authority and it is advisable that a contact list of agencies, with details of the services they offer, is available to IDVAs. Some substance misuse agencies run women only sessions and/or employ women's workers. Some substance misuse agencies employ a specialist DV worker or would be willing to conduct outreach work directly at the SDVC or DV service. It is advisable to have named link workers in several substance misuse agencies and it may be necessary to agree information sharing and confidentiality arrangements before referrals are made.

For survivors with identified support needs around drug/alcohol use, IDVAs should be able to advise on the different local services available and offer referrals if the survivor chooses. All survivors should be offered information leaflets about local substance misuse agencies whether they disclose drug/alcohol problems or not.

Refuges may be able to offer a place to a woman who uses drugs or alcohol if she is being supported by a substance misuse agency – IDVAs are encouraged to obtain a list of these refuges for their local area⁴⁴.

Sexual Assault Referral Centres and Independent Sexual Violence Advisers

A SARC is a one stop location where victims of rape and serious sexual assault can receive medical care and counselling, and have the opportunity to assist the police investigation, including undergoing a forensic examination.

⁴³ http://www.gldvp.org.uk/C2B/document_tree/ViewACategory.asp?CategoryID=154

⁴⁴ A list can be found on the GLDVP website at:
http://www.gldvp.org.uk/C2B/document_tree/ViewACategory.asp?CategoryID=104#dvda-03

Independent Sexual Violence Advisers (ISVAs) will have a very similar role to the IDVAs – working in partnership with Criminal Justice agencies, the voluntary sector and Victim and Witness Services in providing support to clients through the criminal justice process, helping them to live without fear of violence and access the services they need in the aftermath of the abuse they have experienced.

Around half of serious sexual assaults are committed by current or former partners of the victims. In recognition of this, Sexual Assault Referral Centres (SARC) and ISVAs need to ensure that they are able to appropriately refer onto specialist support services for DV where necessary.

Annex 1: National SDVC Steering Group and Government Office leads

National SDVC Steering Group:

Angela Colyer: National Offender Management Service (NOMS)	020 7217 0702
Samantha Ingram: Home Office:	020 7035 3273
Olwen Kershaw: Her Majesty's Courts Service (HMCS)	0115 955 8136
Jan Salihi: HMCS	020 7210 8796
Jude Watson: Crown Prosecution Service	020 7796 8687

Government Office	Address	Contact Details
GO Eastern Region	Government Office for East England Eastbrook Shaftesbury Road Cambridge CB2 2DF	Tel: 01223 372564 Fax: 01223 372861 Switchboard: 01223 372500
GO East Midlands	Government Office for the East Midlands The Belgrave Centre Stanley Place Talbot Street Nottingham NG1 5GG	Tel: 0115 971 2726 Switchboard: 0115 971 9971
GO London	Government Office for London, 4th Floor, Riverwalk House, 157 - 161 Millbank, London SW1P 4RR Greater London Domestic Violence Project	Tel: 0207 217 3747 Fax: 0207 217 3482 Switchboard: 020 7217 3111 Tel: 020 7785 3864 Fax: 020 7785 3865
GO North East	Government Office for the North East Citygate, Gallowgate Newcastle upon Tyne NE1 4WH	Tel: 0191 2023930 Fax: 0191 2023688 Switchboard: 0191 201 3300
GO North West	Government Office for the North West City Tower	Tel: 0161 952 4219

	Piccadilly Plaza Manchester M3 4BE	Switchboard: 0151 224 6300
GO South East	Government Office for the South East Bridge House 1 Walnut Tree Close Guildford Surrey GU1 4GA	Tel: 01483 884813 Fax: 01483 882339 Switchboard: 01483 882255
GO South West	Government Office for the South West 2 Rivergate Temple Quays Bristol BS1 6EH	Tel: 0117 900 1784 Switchboard: 0117 900 1700
Welsh Assembly Government	Welsh Assembly Government Community Safety Division, Rhydycar, Merthyr Tydfil CF48 1UZ Home Office Crime Team for Wales Welsh Assembly Government Merthyr Tydfil Office Rhydycar Merthyr Tydfil CF48 1UZ	Tel: 01685 729053 Tel: 01685 729071
GO West Midlands	GOWM 4th Floor 5 St Philip's Place Birmingham B3 2PW	Tel: 0121 352 5023 Switchboard: 0121 352 5050
GO Yorkshire & Humber	Community Safety Directorate Government Office for Yorkshire and The Humber The Lateral Building 8 City Walk Leeds LS11 9AT	Tel: 0113 341 2624 Switchboard: 0113 341 3000

Annex 2: Diversity issues to consider when tackling DV and associated support services

Black and minority ethnic victims of DV

DV occurs in every society and in every ethnic grouping. The following examples are some of the ways in which DV might be manifested in different BME communities, in addition to partner violence:

- **Forced marriage:** marriage contracted without the valid and free consent of one or both parties involving physical and/or mental duress;
- **Dowry-related abuse:** violence, abuse or harassment perpetrated in order to obtain money, property or goods upon marriage;
- **Female genital mutilation (FGM):** female circumcision comprising procedures involving partial or total removal of the external female genitalia or other injury to the female genitals whether for cultural, religious or other non-therapeutic reasons;
- **So-called 'honour- based' or related violence:** DV or other forms of violence against women perpetrated in the name of religious and cultural notions of 'family honour'.

Barriers to escaping DV for Black and minority ethnic victims

All victims of DV encounter a number of barriers to leaving an abusive relationship, reporting DV or seeking help from support services. However, there are also specific barriers encountered by victims from BME communities. For some communities, barriers may include religious and cultural pressures, such as notions of shame and family honour or dishonour, having English as a second language, ignorance of rights and services, and fear of removal or deportation. Issues of institutionalised racism have also led to many BME women perceiving public services as not meeting, or inappropriate for, their needs.

It is difficult for most women to leave abusive situations, but experience of specialist BME groups' show that BME women can take even longer. The suicide statistics suggest that some women in minority communities are more likely to turn to suicide and self-harm rather than leave abusive situations. This is because victims from BME communities, particularly those subject to immigration control, have additional barriers to overcome when attempting to escape DV.

SDVCs should implement the following best practice for BME:

- Provide professional interpretation where required and ensure they speak the right language and dialect. Ensure that the interpreter is bound by the professional codes of conduct and does not breach these by breaking

confidentiality, making inappropriate comments to the victim, acting as an Adviser or officer, or making the victim feel uncomfortable in any way. Use an interpreter from the same race and gender as the victim, but check they are not known personally to the victim.

- Obtain and record as much information as possible about the victim and any children or dependants they may have, including the history of abuse and any future risk. This includes risks from the extended family and the community at large, including organised networks, gangs of men or hired men such as private detectives and “bounty hunters”.
- Obtain information and expert advice on specific social, cultural or religious issues relevant to the case.
- Use expert court witnesses where necessary, including experienced workers within specialist BME women’s organisations.
- Assist the victim to obtain access to adequate help and support from other agencies. This includes ensuring that Advisers or advocates from specialist BME women’s organisations are recognised and that court services work in partnership with them in order to assist BME victims. A co-ordinated multi-agency approach is particularly important in a complex and difficult case.

There are no national statistics on DV among BME communities. However, some studies and figures from agencies show that:

- The joint Home Office and Foreign Office Forced Marriage Unit deals with approximately 400 cases of forced marriage every year;
- On average about 500 women experience DV and immigration problems every year (Southall Black Sisters, 2004); an estimated 2 million girls are subjected to FGM worldwide per year (World Health Organisation, 2000);
- South Asian women are three times more likely to commit suicide than women in the general population (Raleigh, 1996) and also have disproportionate high rates of attempted suicide (Bhugra et al, 1999) and suicide ideation (Merrill et al, 1986). This is often linked to abusive and oppressive practices in the family.

Male victims of DV

Services for male victims of DV

Research has indicated that, whatever their concern, men are often reluctant to access social care services, even their own doctor. In addition:

- Gender stereotypes (for both victims and professionals) can make it difficult to think of men as ‘victims’;
- Men may trivialise milder forms of abuse and violence;
- Injury is often seen as a marker of ‘the victim’;

- There is a lack of specialist agencies dealing with male victims, for incidents including sexual assault & rape, DV etc.

In some areas of the country there are dedicated DV services for male victims and gay men experiencing DV. However, these specialist services are small in both numbers and capacity.

The importance of making the distinction between men's rights campaigners and male victims of domestic abuse

It is important to acknowledge and treat with seriousness men's experiences of abuse from partners. There are existing services that can and do provide support to male victims.

This work is complicated by the existence of certain groups claiming to help male victims while having an ulterior agenda, and by men claiming to be victims who may be the primary perpetrators. This distinction between victim and perpetrator is crucial to ensure that:

- Genuine male victims are given access to support they need;
- That information is, where possible, given to the man's partner so that she can access support services for herself and any children;
- That perpetrators/primary aggressors identifying as victims are also directed to appropriate services.

The myths about male victims of domestic abuse

There are a number of myths and assumptions that are commonly held by some professionals and men identifying as victims alike. These include that:

- Men are unlikely to report DV;
- There are no services for men;
- Men will not be believed;
- If it was a man hitting his wife he would be locked up but when it's a woman abusing a man it's not taken seriously.

Challenging these myths requires a level of knowledge and skill that is often not available locally. The Men's Advice Line and Enquiries (MALE) offers support, guidance and training to professionals and the website⁴⁵ also deals with these matters in more depth.

It is important to investigate what organisations aimed at male victims provide, and how helpful they will be, before passing the phone number onto men. If in doubt, contact MALE for further information.

⁴⁵ www.mensadvice.org.uk

Lesbian, gay, bisexual and transgender (LGBT) services

Six million lesbians, gay men, bisexual and transgender (LGBT) people live in the UK. At least one in four LGBT people experience DV in their relationships and from members of their families.

With the introduction of the Gender Recognition Act 2005, transgender women now have the right to access refuges. Yet for transgender women fleeing DV, the fear of transphobia within women's refuges could prevent them from seeking essential support.

Bisexuals remain completely 'invisible', even to most LGBT agencies. Young LGBT adults coming out to homophobic and transphobic families are forced onto the streets, into dangerous situations and relationships.

Broken Rainbow (UK)⁴⁶ is working to change the situation for LGBT people experiencing DV. They run a confidential UK-wide listening, information and signposting Helpline Service, staffed by LGBT people. They also offer limited advocacy work.

Abuse of Older Survivors and Elder Abuse⁴⁷

Older women also experience abuse from intimate partners, but they also experience abuse from other family members or carers – this is usually referred to as elder abuse. Although many people assume that the main form of abuse is from stressed care givers, the research from the U.S. does not support this hypothesis.

Types of abuse	Indicators
<ul style="list-style-type: none">• Emotional• Emotional blackmail• Treating older person like a child• Threats of abandonment	Helplessness Hesitation to talk openly, withdrawn Implausible stories Confusion or disorientation Anger or fear without apparent cause Sudden change in behaviour Emotionally upset or agitated Unusual behaviour, e.g. sucking or biting Denial of a situation
Financial <ul style="list-style-type: none">• Fraud• Theft	Signatures on cheques that do not match Sudden changes in bank accounts Abrupt changes to will

⁴⁶ Helpline Number (Victims): 08452 60 44 60, Office Number (Agencies): 08452 60 55 60. Hours: Monday to Friday from 9.00 am - 1.00 pm and 2.00 pm - 5.00 pm. Email address: mail@broken-rainbow.org.uk. Website: www.broken-rainbow.org.uk

⁴⁷ CAADA training handout on survivors with and elderly survivors

<ul style="list-style-type: none"> • Pressured to sign over property or hand over control of finances • Forgery 	<p>Unexplained sudden transfer of assets to family member, changes in bank accounts, or disappearance of funds or valuable possessions</p> <p>Unpaid bills when older person is solvent or someone else is supposed to be paying the bills</p> <p>Unusual concern by someone about amount of money spent on care of the older person</p> <p>Lack of amenities that older person should be able to afford</p> <p>Deliberate isolation of older person from friends and family, resulting in the caregiver alone having total control</p>
<p>Neglect</p> <ul style="list-style-type: none"> • Not meeting basic needs: adequate clothing, food • Denying access to needs such as medical care, hearing aids, Zimmer frame, glasses, dental care • Over/under-use of medication • Refusal to allow other people to provide adequate care/help 	<p>Rashes, sores or lice</p> <p>Inadequate clothing</p> <p>Malnourishment or dehydration</p> <p>Untreated medical condition</p> <p>Poor personal hygiene</p> <p>Withholding medication or over-medication</p> <p>Lack of assistance with eating or drinking</p> <p>Unsanitary or unclean conditions</p>
<p>Physical</p>	<p>Cuts, lacerations, puncture wounds, bruises, black eyes, burns, broken bones</p> <p>Untreated injuries in various stages of healing</p> <p>Poor hygiene or skin condition</p> <p>Dehydration or malnourishment without illness-related cause</p> <p>Loss of weight</p> <p>Broken mobility devices including eyeglasses/frames, hearing aids and walking frames, physical signs of being subjected to punishment, or signs of being restrained</p> <p>Too quick or too slow use of medication</p>
<p>Sexual</p>	<p>Bruising in genital area</p> <p>Unexplained venereal disease or genital infections</p> <p>Unexplained vaginal or anal bleeding</p> <p>Torn, stained or bloody underclothing</p>

Barriers to accessing help

- Woman may have become resigned to the abuse and have entrenched coping mechanisms;

- Inability to name behaviour as abuse: “his right”, “keep problems in the family”;
- Lack of confidence in agencies: may have sought help before and received a negative response;
- Fear of the consequences for the abuser;
- May value stability, i.e. the status quo, over safety;
- Abuser is their sole carer and the fear of not having anyone to care for them;
- Family home – may have mortgage that is not maintainable on her own and therefore will lose house if exclude him and court orders are not made for him to pay the mortgage/rent.

- Cultural pressures
 - “Marriage is for life, for better or for worse”;
 - Don’t want neighbours to know;
 - Don’t want family to know;
 - Sense of responsibility for husband – especially if he is vulnerable: where will he go? Who will look after him?

- Family pressures
 - Adult children;
 - Still angry about not being protected from it when younger;
 - Refuse to accept father is abusive;
 - Other family – disbelieving or think it shouldn’t be “aired” in public;
 - Those abused by adult children are less likely to seek or accept services than victims of spouse or partner abuse.

- Health complications
 - Lack of mental capacity to seek help;
 - Depression;
 - Memory failures make it hard to hold him accountable;
 - She may be the carer and he may insist that it is HER who helps him. He may not accept care from someone else – so she feels trapped.

- Common concerns, shared with all survivors
 - Hard to accept/admit that loved one is taking advantage;
 - Shame/guilt;
 - Not being believed;
 - Doubts about confidentiality;
 - Fears of retaliation;
 - Believe that nothing will change;
 - Don’t know who to speak to.

Problems with accessing services

- Approach of agencies
- May make client feel she has been foolish to stay all these years;
- May not understand how an older man can be a threat;
- Refuges: some older women can feel that they do not want to be in an environment with lots of young children;
- Unless serious risk, other services may find it hard to justify specific intervention;
- May not trust a younger person to understand their situation;
- May feel protective towards a younger advocate and choose not to disclose certain facts to avoid distressing them, e.g. sexual abuse;
- If client has any diminution in mental capabilities, it can be hard to tell if client is actually capable of running their own affairs. If the advocate only gets half the story it can be difficult to know how to intervene;
- Anxiety of client may not be related to abuse, but to a loss of memory and therefore a loss of understanding of what is happening around them;
- Services may be unwilling to get involved when the abuser is the carer and without the carer, the client's situation is very difficult;
- There are few services that overlap between care of elderly and domestic abuse. Clients can drop between the two;
- Services may find it hard to know how to protect older person and not ruin that person's relationship with abuser;
- Survivor not recognise it as abuse because it does not fit the usual understanding of domestic abuse;
- Studies showed that this client group would accept police intervention, case management, orders of protection, health care, homemaker services, individual counselling, peer support groups and 24-hour helpline.

Risk factors (as identified by UK and Australian sites)

- Social isolation;
- A pattern of family violence exists. The abuser may have been abused as a child, family's usual reaction to stress is violence, loss of respect for older person;
- Dependency: one party feels powerless or fearful that their needs will not be met. Often abuser is dependent upon the person they abuse for accommodation, financial and emotional support;
- Abuser has a history of mental health problems, a personality disorder, or substance misuse.

Practice points

- **Involve the grown children**, if appropriate;
- **Visit with someone else**: one person can distract the abuser while the other talks to the survivor;

- **Assess vulnerability:** consider involving social services, vulnerable adults team or get GP involved. Can ring Care Direct and express concern or direct client to these groups (if in Bournemouth, Bristol, Devon, Gloucester, Plymouth or Somerset where it is being piloted);
- **Group meeting:** care assistant, home help, GP, Social Services, family members (if not abusing or colluding too);
- **Consider respite care;**
- **Consider agencies that are not usually involved in domestic abuse:** client's church, etc.;
- **Refuges:** consider the style of refuge that might suit the survivor's need for safety.

Websites and services

Action on Elder Abuse: www.elderabuse.org.uk. Enquiries@elderabuse.org.uk

Tel: 020 8765 7000

Helpline: 0808 808 8141. 10:00 – 4:30 will take calls from practitioners to provide advice about how to help

- Samaritans: 08457 90 90 90
- Help the Aged's Older Women and Domestic Violence
- Care Direct (if in SDVC area)
- www.sa.agedrights.asn.au Aged Rights Advocacy Service, 1999. From website. Aged rights advocacy service in South Australia. Very good information on types of abuse, recognising signs, useful case studies with successful outcomes.
- VAWnet's Applied Research Forum's "Domestic Abuse in Later Life"

Abuse of Survivors with Disabilities⁴⁸

People with disabilities may be more reliant on other people and/or aids and supports to meet their basic needs and fulfil their goals. This dependency can make them more vulnerable to abuse by those on whom they rely. Yet without carers, they often could not live in the community. Their needs may mean that they have more limited interaction with others outside the home. This means the abuse can go unchallenged for a long time.

Nature of abuse

Emotional/psychological	Threats <ul style="list-style-type: none"> • To withdraw care • To put in institutional care • To take children • To damage/withdraw/deny disability aids
-------------------------	--

⁴⁸ CAADA training handout on survivors with disabilities

	<p>Humiliation: e.g. delaying/denying taking someone to the loo</p> <p>Isolation</p> <ul style="list-style-type: none"> • Discouraging others from helping with care (carers allowance can be motivation) • Making decisions without consent • Emotional blackmail <p>(Resultant depression can be explained as a result of the disability rather than the abuse.)</p>
Physical	<p>Assaults</p> <p>Unexplained bruising</p> <p>Harm to client blamed on her disability, e.g.: she tried to get in to bed herself and fell and bruised herself</p>
Sexual	<p>From unwanted touching to rape</p> <p>Survivors with learning disabilities are particularly at risk of sexual abuse because authorities often do not provide them with sex education.</p>
Financial	<p>When client is dependent on someone else to handle her money, purchases, etc.</p> <p>Theft, Embezzlement</p> <p>Making financial decisions for client</p> <p>Pressuring client to make financial decisions in abuser's favour by emotional blackmail</p>
Neglect	<p>Basic needs for food, shelter, warmth and health care are unmet</p> <p>Put in dangerous or degrading situations</p> <p>Denying access to services</p> <p>Left in dirty clothes, left unwashed</p> <p>Left to sleep in clothes or in wheelchair rather than putting in bed</p>

Problems with accessing services

- If disabled since birth, client will have developed attitudes over their lifetime about how to cope with being dependent. This may include a view that emotions and feelings need to be stifled to make sure more basic needs are met;
- Possible for client never to see a professional alone and therefore never have the opportunity to tell anyone what is going on;
- Client may find it difficult to prioritise her safety over other physical needs that are being met;
- Refuges – must check if they have a room that is suited to the needs of the client, for instance, ground floor access and doors wide enough to get a wheelchair through or typetalk / flashing fire alarms;

- Other services may overlook signs of abuse if the abuser is the carer. Removing the carer may give the service a lot of work to do to find another carer at short notice. And while the suspected abuse is being investigated, they could make things worse for client;
- Client may be discouraged from seeking help because prior bad experiences with authorities where they made decisions for the client;
- Because needs are great, may value stability over safety.

Annex 3: Useful resources for local IDVAs and DV services

0808 2000 247 Freephone 24 Hour National Domestic Violence Helpline, run in partnership between Women's Aid and Refuge.

The Helpline service provides emotional and practical support and information to women and children experiencing DV, and plays a pivotal role in assisting women and children access a place of safety in a women's refuge, as well as outreach and other services. The Helpline also offers support and information to friends, family members and external agencies that are calling on behalf of a woman.

The Helpline is staffed 24 hours a day, seven days a week, by fully-trained female Helpline support workers and volunteers. Helpline staff will discuss the available options for women and children experiencing DV and, if appropriate, refer callers to refuges and other sources of help and information. The aim is to make women aware of the options so that they can make informed choices.

The Helpline is a member of Language Line and can provide access to an interpreter for non-English speaking callers. The Helpline can also access the BT Type Talk Service.

Women's Aid (England) www.womensaid.org.uk

Women's Aid is the national DV charity that co-ordinates and supports an England-wide network of over 500 local services. They work towards ending violence against women and children, and support over 200,000 women and children each year. Women's Aid campaigns for better legal protection and services, providing a strategic "expert view" to government on laws, policy and practice affecting abused women and children. Women's Aid runs public awareness and education campaigns, bringing together national and local action, and developing new training and resources. For general enquiries call 0117 944 4411, or email on info@womensaid.org.uk.

The Women's Aid website includes an on-line Survivor's Handbook, an A-Z of DV services and a range of resources for survivors, professionals and the public on DV. Posters on DV, mental health and substance misuse have also been produced nationally. Women's Aid also produces a directory of DV forums across the country, also available on the website.

The UK Gold Book

Available from Women's Aid, this is the only UK directory of refuge and community-based domestic violence services for women and children. It is a key resource that enables survivors of DV, agencies and relevant professionals to locate appropriate services with ease and efficiency. *The UK Gold Book* provides comprehensive information about the range of DV services across the UK as well as supporting information for women and referral guidelines. Order forms are available from Women's Aid website or by calling 0117 944 4411.

The Hideout www.thehideout.org.uk

This website, developed by Women's Aid, is the only national website offering help and support for children and young people who are living with DV. The Hideout is the first national website for children and young people to inform about DV and help them identify whether it is happening in their home. The site provides indirect and informal support to children and young people living with DV or to those who may want to help a friend.

Refuge www.refuge.org.uk

Refuge is the country's largest single provider of specialist emergency accommodation and practical and emotional support to women and children escaping DV - a national "lifeline" for up to 80,000 women and children every year. Refuge provides safe, emergency accommodation through a growing network of refuges throughout the country and runs a 24 hour national DV helpline, in partnership with Women's Aid. Refuge offers individual and group counselling for abused women, independent advocacy and community based outreach services for women including specialist services for minority ethnic communities. Refuge runs award winning media and advertising campaigns to raise public awareness, whilst campaigning and lobbying for better provision for women and children experiencing DV. For general enquiries call 020 7395 7700.

CAADA (Co-ordinated Action Against Domestic Abuse)
www.caada.org.uk, Tel: 01749 812968

The charity Co-ordinated Action Against Domestic Abuse (CAADA) works to improve the delivery of services to keep survivors of DV and their children safe. CAADA provides accredited training for IDVAs and has trained over 350 IDVAs to date. It is also responsible for the implementation of Multi-Agency Risk Assessment Conferences (MARACs) around England and Wales including the collection of data to demonstrate their impact. CAADA is currently piloting accredited standards for IDVA services to help underpin quality and consistency in service provision. CAADA provides, through its website and publications, information relating to the planning and provision of a co-ordinated response to DV, including guidance on providing an IDVA service and running a MARAC, draft service standards for IDVA services, and research, reports and Government guidance for those working in this area. CAADA also focuses on collecting the evidence necessary to convince funders, Government and other agencies of the value of this approach.

Welsh Women's Aid www.welshwomensaid.org

Welsh Women's Aid is the national umbrella organisation of 34 local Women's Aid Groups situated throughout Wales. WWA member groups are the leading providers of services aimed specifically at helping vulnerable women and children who are experiencing DV and abuse in Wales. Welsh Women's Aid also manages the Wales Domestic Abuse Helpline which is a free and confidential service- 0808 80 10 800.

Victim Support

Victim Support is the national charity which helps people affected by crime. It provides free and confidential support whether or not the crime is reported. Victim Support also runs the [Witness Service](#) which can help witnesses before, during and after the trial. [Victim Supportline](#) can be contacted on: 0845 30 30 900.

Annex 4: The role of agencies in overcoming barriers for victims

Bad practice examples among responses to Black and minority ethnic victims:

Do Not

- Breach confidentiality by contacting relatives, friends, community members/leaders or professionals. Unless it is an emergency or requires the protection of a minor or vulnerable adult, only make contact with individuals or agencies on the express and informed consent of the victim or their representative.
- Attempt to mediate in order to reconcile the victim with their husband/partner, family and community. This places the victim at further risk of abuse as agreements, promises or compromises made are not enforceable.
- Allow the fact that the victim has an insecure immigration status or is unsure about their status to impede the investigation or prosecution of their allegation of DV or other abuses.

In addition to the victim support services outlined in Component 4, victims may be referred to:

- Specialist women's organisations (where available);
- Properly qualified and reputable immigration solicitors or Advisers should be referred to, for those with an insecure immigration status. Where required, the Adviser should be registered or exempted from registration with the Office of the Immigration Services Commissioner, and where possible, victims should be referred to free services and those providing public funding from the Legal Services Commission.

Women with immigration problems may have no recourse to public funds, which means they need help from the local authority, women's refuges and DV support organisations to seek protection from DV and avoid homelessness and destitution.

Annex 5: Black and minority–related information and advice services

Southall Black Sisters (SBS)

A resource centre providing information, advice, advocacy, counselling and support service to Asian, African and Caribbean and other minority women and children. Although information and advice services may be provided on a national basis, most on-going casework may only be possible in the London Borough of Ealing. Tel: 020 8571 9595 (10am to 4pm Mon-Fri, except Wed and lunch times 12.30 to 1.30pm) www.southallblacksisters.org.uk

Southall Black Sisters publications, leaflets and annual report, including Forced Marriage, an abuse of human rights by SBS Trust, 3 immigration reports by SBS and From Homebreakers to Jailbreakers, Rahila Gupta (ed), Zed Press, 2003. See libraries & bookshops or order from SBS.

Imkaan

Imkaan is a National second-tier organisation that provides information, training and capacity-building support to BAMER (Black, Asian, Minority Ethnic and Refugee) women's refuge services. It does not offer a direct service to victims of DV, but can be contacted for more information and training on the issue of BAMER women and DV. Tel: **020 7250 3933** (9.30am-5.30pm, Mon-Fri). www.imkaan.org.uk

Forced Marriage Unit

The Forced Marriage Unit is a joint Foreign & Commonwealth Office (FCO) and Home Office unit providing advice and assistance on forced marriage. Tel: 020 7008 0135/0230/8706 (9am-5pm Mon-Fri) and Out of Hours Service: 020 7008 1500 (ask for the FCO response centre). www.fco.gov.uk

Forced Marriage Unit guidelines on forced marriage for police, social services and educational professionals and information leaflets for victims. The Forced Marriage Unit is also due to publish a legal handbook on forced marriage.

NSPCC

The National Society for the Prevention of Cruelty to Children (NSPCC) provides advice and assistance on child abuse and cruelty. Tel: 0800 800 5000 free phone National Child Protection Helpline (24 hours) and Tel: 0800 096 7719 free phone Asian Child Protection Helpline (24 hours). www.nspcc.org.uk

Reunite

Reunite provides information, advice and support on international parental child abduction. Tel: 0116 2556 234 Advice Line (9.30am-5pm, Mon-Fri)

www.reunite.org

Asylum Aid

Asylum Aid provides free legal advice and representation to asylum seekers and refugees. Its Refugee Women's Resource Project (RWRP) provides advice and support to women asylum seekers.

Tel: 020 7247 8741 General Advice Line (2-4.30pm Mon; 10am-12.30pm Thurs) and Tel: 020 7377 5123 Switchboard for women's support project (9.30am-5.30pm, Mon-Fri) Advice Line: 0207 354 9264. Open on Mondays 2.00 pm - 4:30pm and Thursdays 10.00 am - 12:30pm

www.asylumaid.org.uk

Joint Council for the Welfare of Immigrants (JCWI)

JCWI offers free legal advice on immigration, nationality and asylum issues.

Tel: 020 7251 8706 Advice Line (2-5pm, Tues & Thurs). www.jcwi.org.uk

Asylum Support

The Border and Immigration Agency (BIA) provide housing and financial support for people who have made an asylum application to the Home Office on refugee convention grounds or on human rights grounds. The Home Office can direct the applicant to their local agency to access asylum support. Note that unless the applicant has really exceptional reasons to stay in London or their locality, they are likely to be housed anywhere in the country in an emergency.

Contact Migrant Helpline for initial accommodation

Tel: 020 8774 0002 London (9am-11pm, Mon-Fri) Tel: 01304 203977 Dover (8am-10pm, Mon-Fri). Contact the Refugee Council One Stop Shop for asylum support (financial support). Local phone book contains details of the local Refugee Council or call the switchboard on 020 7346 6700 (9am-5.30pm, Mon-Fri). For advice over the phone call the Refugee Council Advice Line 020 7346 6777 (10am-4pm, Mon-Fri, except Wed when it is open 2pm-4pm). www.refugeecouncil.org.uk

Pukaar

Pukaar is part of EACH (Ethnic Alcohol Counselling in Hounslow) and offers specialist counselling services for Asian women in West London, particularly London Boroughs of Hounslow, Ealing, Richmond, Hillingdon and Harrow. Tel: 020 8577 6059 (9.30am-5pm, Mon-Fri)

Nafsiyat

Nafsiyat runs an inter-cultural therapy centre offering specialist therapeutic help to people from ethnic and cultural minorities. Tel: 020 7686 8666 (9.30am-5.30pm, Mon-Thurs). www.nafsiyat.org.uk

Kalayaan

Provides advice and support services for overseas domestic workers.

Tel: 020 7243 2942 (9.30am-5.30pm, Mon-Fri). people phone and make an appointment to guarantee being seen. Also open some Sundays. www.kalayaan.org.uk

Annex 6: Black and minority ethnic-related publications and resources

The following publications and resources can be used for further information and for staff training purposes:

- **Faction Films** documentaries and training films, including *Love, Honour & Disobey* and *Love Snatched*. Order from Faction Films Tel: 020 7690 4446. Also see website www.factionfilms.co.uk
- **Lynn Welchman and Sara Hossain (ed)**, *'Honour' Crimes, Paradigms and Violence Against Women*, Zed Press, 2005. See bookshops & libraries
- **Forward publications on female genital mutilation**- contact Forward Tel: 020 8960 4000 and see website: www.forwarduk.org.uk
- **Efua Dorkenoo** *'Cutting the Rose, Female Genital Mutilation: The Practice and its Prevention'*, Minority Rights Publication, UK, 1994. See bookshops and libraries.
- **Southall Black Sisters** 2006 Evidence to the Home Affairs Select Committee on immigration control and Resource Pack on immigration/asylum and no recourse 'How do I Support Her'? (published by SBS and Women's Resource Centre)

Annex 7: Services for male victims of DV

Men's Advice Line

The Men's Advice Line (0808 801 0327) is a helpline for men experiencing domestic abuse from their partner, providing emotional support, practical advice and signposting to a range of local and specialist services. The helpline is managed by Respect. For more information see the Men's Advice Line website www.mensadvice.org.uk

Annex 8: 'Vision for services for children and young people affected by domestic violence' commissioning guidance standards

1. *Protection and safety: children and young people affected by DV are identified and protected from further harm*

- Children receive high quality assessment of need and safety planning. This should be on-going especially where circumstances change.
- Every agency understands and carries out its responsibilities to ensure the safety of the child or children and the non-abusing parent.
- Support and work with the non-abusing parent is essential if the child is to feel safe.
- Children and parents at risk are protected from inappropriate disclosure of information through protocols and procedures.
- Statutory child protection agencies recognise the impact of DV on children at risk and make appropriate services available to meet their needs.
- Priority is given to the child and the abused parent's safety in family proceedings, particularly contact cases.

2. *Services to promote wellbeing, achievement and self esteem: children and young people affected by DV are able to develop to their full potential*

- Appropriate, safe and timely services are available to all children affected by DV.
- Children's voices are heard and taken into account in decisions about service delivery.
- Support is provided to the non-abusing parent/carer to enable them to meet their child or children's and their own needs.

3. *Early identification, assessment and information sharing: children who are vulnerable as a result of DV are identified, and these children and the non-abusing parent are assured of a co-ordinated response from agencies who share information appropriately and safely*

- The common assessment process identifies DV and children's level of need and signposts them to an appropriate level of service with the right degree of urgency.
- Information sharing and assessment protocols recognise DV as a key trigger for safe information sharing.
- Risks to the safety of the non-abusing parent and their children through inappropriate sharing of confidential information are recognised and guarded against.

4. Prevention and education: all children/young people and their parents/carers are informed about healthy relationships and the impact of violence and abuse

- Learning, play youth, connexions and child care services use their curriculum, or programme to promote healthy relationships.
- Schools are encouraged to take a whole school approach to DV, making the connections to school attendance, attainment and behaviour.
- Services to encourage parent/carers recognise the impact of DV on relationships.

5. Co-ordination and planning: to ensure that services for children/young people affected by DV are systematically planned and co-ordinated in each local council area

- Interagency work is effective and co-ordinated ensuring that DV is embedded in both the multi-agency strategy and the practice agenda.
- The impact of DV on the five outcomes is recognised and the planning of services at each tier on need incorporates a plan for how the service will support these children and the non-abusing parent.
- DV is recognised as a major safeguarding and child protection issue.
- LSCB's take the lead across all the partnerships, including family and civil courts, in promoting the safety of children affected by DV.
- Voluntary organisations providing specialist support services to women and children are included in planning services and developing safeguarding arrangements for children affected by DV.

Annex 9: Accreditation System for organisations working with perpetrators of DV outside of the Criminal Justice System (CJS)

Respect has had a voluntary code of practice for those working with perpetrators of DV for the past few years. While this has been useful in informing people as to what is best practice it has not provided the level of quality assurance that Respect believes is necessary.

Since 2006 Respect have been working with the violence against women sector and the Home Office to develop service standards and an accreditation system for the organisations working with perpetrators outside of the CJS and who provided the vital support service for the partners and ex-partners of the men referred to these services. The services standards are informed by what we know about:

- The implementation of programmes;
- What systems are necessary to assess and manage the risk that perpetrators pose;
- What promotes the safety of those at risk from DV;
- What enables organisations to prioritise the welfare of children affected by DV;
- How to measure and evaluate the effectiveness of interventions with perpetrators of abuse;
- How to push the performance of organisations in responding to diversity
- What develops professional competence and expertise;
- What the performance indicators for competent management are; and,
- What we know about what works in engaging clients in sustainable behaviour change.

Any organisation that achieves Respect accreditation will have had to meet every aspect of the service standard and will have gone through a rigorous audit process. All organisations that are accredited are subject to random assessment visits to ensure that standards are maintained. The benefits for clients, commissioners and other agencies are obvious and after April 2008 we are expect a number of the leading service providers to seek accreditation. Over the next 2 years most existing organisations seeking funding to work with perpetrators of DV will need to have reached the Respect standard and new organisations will need to build accreditation into their business plan and start up costs.

The service standard is split into six sections covering:

- The management of the organisation
- Service structure and delivery
- Diversity

- Risk management
- Children
- Partnership working

Respect is able to offer a range of training, resources and information to support organisations to reach the standard and Respect is committed to ensuring that DV services are high quality, reliable, safe and transparent.

Organisations wishing to achieve accreditation can apply direct to Respect info@respect.uk.net

Annex 10: Perpetrator programme publications and resources

- Burton, S. et al, Supporting Women and Challenging Men (1998)
- Dobash, R.E. & Dobash, R. *Changing Violent Men*
- Dobash, Dobash, Cavanagh & Lewis *Research Evaluation of Programmes for Violent Men* (1996), The Scottish Office Central Research Unit, Edinburgh
- Gondolf, E. *Batterer Intervention Systems: Issues, Outcomes and Recommendations* (2002), SAGE
- Gondolf, E. *Man to Man : A Guide for Men in Abusive Relationships* (1994) Sulzberger & Graham
- Iwi, K. & Todd, J. *Working Towards Safety: A guide to domestic violence intervention work*
- Jukes, A. *Men Who Batter Women* (1999) Routledge
- Jukes, A. *Why Men Hate Women* (1998) Free Association Books
- Morran, D. & Wilson, M. *The CHANGE Programme Manual: Men Who are Violent to Women: A Group work Practice Manual,*
- Paymar, M. *Helping Men End Domestic Abuse* (2000) Hunter House
- Pence, E. et al *Education Groups for Men Who Batter: The Duluth Model* (1993) Springer Pub Co.