

**Model Policy: Domestic Abuse**

This policy is for all staff to follow in assisting them in identifying domestic abuse and signposting service users to other services to assist them in dealing with domestic abuse.

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**Contents:**

**Section Page**

1 Introduction 2

2 Definitions 2

2.1 DACT 3

2.2 Multi Agency Risk Assessment Conferences [MARACs] 3

2.3 Potential indicators of domestic abuse 3

2.4 Domestic Homicide review (DHR) 3

3 Purpose of this policy 4

4 Duties 4

5 Children at risk 4

6 Vulnerable Adults

7. Confidentiality 5

7.1 Documentation 5

7.2 Recording of domestic abuse 5

7.3 Routine Enquiry 6

7.4 Information to service users 6

7.5 Did not attend 6

8 Dissemination, storage and archiving 7

9 Training and other resource implications for this policy 7

10 Audit, monitoring and review 7

11 Links to other policies, standards and legislation 7

12 Contact details 7

13 References and websites 8

[Appendix A](#AppendixA) – Multi-Agency Risk Assessment Conference (MARAC) 9

[Appendix B](#AppendixB) – Domestic Abuse risk factors 11

[Appendix C](#AppendixC) – Sheffield Domestic Abuse Pathway April 2013 13

[Appendix D](#AppendixD) – DASH ACPO Risk checklist 14

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**1. Introduction**

In Sheffield around 26% of the total recorded violent crime is as a result of domestic abuse. The government is ‘determined to support victims in reporting these crimes, and to make sure perpetrators are brought to justice. We all need to do more to prevent violence against women and girls happening at all.’[[1]](#footnote-1)

Domestic Abuse is also a health issue. Those who experience domestic abuse, the majority of whom are women and children, are at considerable health disadvantage and may be at life threatening risk. This policy offers a framework for supporting good practice for workers in working together on challenging and reducing domestic abuse.

This policy is intended to ensure that staff make enquires around domestic abuse, provide access to information to empower people to make informed choices about their safety and lifestyle, and to emphasise that safeguarding children and vulnerable adults should be at the core of this agenda.

Domestic Abuse affects thousands of people in Sheffield every year so it is important to ask all family members about it in a safe and sensitive way. Don’t assume that domestic abuse is not an issue for a family, or individual family members including young people. It is also important workers are aware that they may be the first person disclosed to.

**2. Purpose of this policy**

To provide clear guidance, to be supported by education and training, which will enable staff to support adults and children around issues of domestic abuse.

In accordance with the Mental Capacity Act 2005, agencies should work from a presumption of mental capacity unless a person’s apparent comprehension of a situation gives rise to doubt. (Refer to the [Mental Capacity Act 2005](http://www.legislation.gov.uk/ukpga/2005/9/contents))

When developing this policy and when developing future policies the organisation has been and will be mindful of the impact of the policy in relation to disability, race, sex, age, sexual orientation, marriage and civil partnership, pregnancy and maternity, gender reassignment, religion and belief.

This will support routine risk assessment to ensure that the safety of clients and staff is fully considered.

**3. Definitions**

Whilst there is no specific offence of domestic violence or abuse and behaviour amounting to domestic violence is covered by a number of statutory provisions the [Home Office definition](https://www.gov.uk/domestic-violence-and-abuse) of Domestic Abuse provides a useful overview for staff:

“Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass but is not limited to the following types of abuse:

* psychological
* physical
* sexual
* financial
* emotional

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

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

\*This definition includes so called ‘honour’ based violence, female genital mutilation (FGM) and forced marriage, and is clear that victims are not confined to one gender or ethnic group.” ([Home Office circular 003/2013](https://www.gov.uk/government/publications/new-government-domestic-violence-and-abuse-definition))

Domestic abuse is any abuse which takes place in an intimate or family relationship. In reality it overwhelmingly concerns men's abuse of power over their female partner or ex-partners, and the children of those women. However, men can be abused and women can be abusers. Services in Sheffield are available to both male and female victims. The abuse may be physical, sexual, emotional/ psychological, financial or, more likely, a combination of these. Domestic Abuse describes all forms of violent and controlling behaviour, and is inclusive of the experiences of children and young people living in fear of such behaviour.

As we recognise that both men and women can be victims of domestic abuse, for simplicity throughout these guidelines we have referred to the victim as a person.

**3.1 Sheffield Drug and Alcohol/ Domestic Abuse Co-ordination Team (DACT)**

Sheffield DACT is a resource of the Safer and Sustainable Communities Partnership within the Communities Portfolio of the Local Authority. The team are responsible for two separate work areas; commissioning support and developing local strategy for victims of domestic abuse, and commissioning support and treatment and developing local strategy for drug and alcohol misuse. They are responsible for commissioning domestic abuse support services in Sheffield. Tel: 0114 273 6851 [www.sheffielddact.org.uk/](http://www.sheffielddact.org.uk/)

**3.2 Multi Agency Risk Assessment Conferences [MARACs]**

The MARAC is a multi-agency meeting that takes place on a fortnightly basis in Sheffield. The meeting’s aim is to use a multi-agency approach to provide further support and action planning in order to reduce risks to victims of Domestic Abuse and their dependents.

[MARAC](http://www.caada.org.uk/marac/Information_about_MARACs.html) specifically addresses the needs of “high risk” victims, who are **most** at risk of experiencing significant violence and domestic homicide. See [Appendix A](#AppendixA).

**3.3 Potential indicators of domestic abuse**

The indicators could include:

* suspicious injury or attempts to disguise an injury through clothing and make-up;
* partner / family member always present and answering for the person;
* depression; alcohol and drug abuse;
* self-harm;
* anxiety and self-neglect;
* regular non-attendance for appointments;
* restrictions on access to money;
* restrictions in relation to work, education and social life;
* children having issues such as behavioural difficulties, being withdrawn or sleep problems.

This is not an exhaustive list and is provided as a general guide for professionals. Refer also to the Domestic Abuse pages on the DACT website [www.sheffielddact.org.uk](http://www.sheffielddact.org.uk)

**3.4 Domestic Homicide Review (DHR)**

Domestic Homicide Reviews (DHRs) were established on a statutory basis under Section 9 of the [Domestic Violence, Crime and Victims Act (2004)](http://www.legislation.gov.uk/ukpga/2004/28/section/9). This provision came into force on 13th April 2011 and was revised in June 2013. There are an average of 2 deaths per year in Sheffield as a result of Domestic Violence.

The purpose of a DHR is to:

a) establish what lessons are to be learned from the domestic homicide regarding the way in which local professionals and organisations work individually and together to safeguard victims;

b) identify clearly what those lessons are both within and between agencies, how and within what timescales they will be acted on, and what is expected to change as a result;

c) apply these lessons to service responses including changes to policies and procedures as appropriate;

d) prevent domestic violence and abuse homicide and improve service responses for all domestic violence and abuse victims and their children through improved intra and inter-agency working.

For further information refer to the [Multi-agency Statutory Guidance for the Conduct of Domestic Homicide Reviews Revised – applicable to all notifications made from and including 1 August 2013](https://www.gov.uk/government/publications/revised-statutory-guidance-for-the-conduct-of-domestic-homicide-reviews)

In Sheffield, Domestic Homicide Reviews are commissioned by the Safer and Sustainable Communities Partnership which delegates the coordination of DHRs to the DACT.

**4. Duties**

Managers are responsible for ensuring that all staff in their team have access to this policy, either electronically or in a paper version.

Staff must be aware of this policy and adhere to the good practice within it.

**5. Children at risk**

If children are living in a household and there is a known history of domestic abuse or disclosure during the present contact, referral must be considered to the Council Children’s Services and health visitor as appropriate so that an assessment of any safeguarding concerns can be made. This will ensure that an appropriate plan for the family is put in place and that the safety of the child/ren is paramount.

Professionals must refer concerns regarding [Safeguarding](https://www.sheffield.gov.uk/caresupport/childfam/childprotection.html) of children by contacting Children and Young People’s Department (Telephone: 0114 273 4934 or Email: [child.protection@sheffield.gov.uk](mailto:child.protection@sheffield.gov.uk)). Domestic abuse is acknowledged as a primary indicator for child safeguarding issues, especially where domestic abuse is combined with substance misuse and/or mental health problems. If a professional has a real concern about the safety of a child, permission does not have to be sought from the parent in order to make the referral.

[The Common Assessment Framework](https://www.safeguardingsheffieldchildren.org.uk/welcome/early-intervention-support/common-assessment-framework.html) (CAF) and Family CAF.

Whenever a practitioner who is working with a family identifies a potential unmet need for a child or young person, then they should consider undertaking a Common Assessment using the Common Assessment Framework – soon to be replaced by the Family Common Assessment Framework in order to provide a more holistic assessment of a family’s needs.

The Family CAF will include questions about domestic abuse and more information can be found at: <https://www.sheffield.gov.uk/caresupport/professionals-providers/family-caf.html>

Sheffield Safeguarding Children Board procedures for children living with domestic abuse can be found at <http://sheffieldscb.proceduresonline.com/chapters/p_dom_abuse.html>

**6. Vulnerable Adults**

It is important to recognise that people who are considered to be ‘vulnerable’ adults may be the victims of domestic abuse / violence or may be abusers themselves, or may be affected by domestic abuse happening within their household. This is likely to have a serious effect on their physical and mental wellbeing.

Where vulnerable adults are victims of domestic violence, a referral should be made to the

safeguarding adults’ procedures, using the guidance in the [South Yorkshire Safeguarding](https://www.sheffield.gov.uk/caresupport/adult/adult-abuse/professionals/procedures.html)

[Procedures](https://www.sheffield.gov.uk/caresupport/adult/adult-abuse/professionals/procedures.html).

The adult safeguarding national policy agenda was set out in ‘No Secrets’ (Department of Health 2000), and safeguarding services have developed considerably since then. ‘No Secrets’ defined a vulnerable adult as: ‘a person who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself or unable to protect him or herself against significant harm or exploitation.’

The term abuse in adult safeguarding includes physical, sexual, emotional, psychological, financial, material, neglect, acts of omission, discriminatory and institutional abuse.

See also **Adult safeguarding and domestic abuse -** A guide to support practitioners and managers (ADASS and LGA May 2013) and [Appendix B](#AppendixB) for the Domestic Abuse risk factors.

**7. Confidentiality**

Extreme care should be taken to protect the safety of victims of abuse and no information should be disclosed which may breach their safety e.g. where staff are contacted by a third party trying to use the whereabouts of children to trace a mother, or where family members are asking for information about a service user who has sought help because of issues such as Forced Marriage. This would apply even if the enquirer were a professional, partner or family member who worked in a local agency.

It needs to be made clear to service users that there are limits to the extent of confidentiality and that in cases where children are living in a violent household, information may be passed to other agencies in line with child protection procedures and similarly for adults in line with adult safeguarding procedures.

Where a person has been assessed as being at a high risk of serious harm or homicide as a result of domestic abuse, it would be helpful to have the person’s consent to share information with another agency but, as with child protection and vulnerable adults, the welfare of the victim is paramount. If there is a serious risk to life or safety, then information may be disclosed with or without consent in order to refer the case to MARAC (and the Independent Domestic Violence Advocacy Service - IDVAS) so that agencies can take action to reduce risk.

**7.1 Documentation**

It is important to remember that records can form part of future protection for an abused person. They may not want to prosecute on this occasion but any recording forms part of the history of abuse and will mean that a prosecution can be brought more easily in the future. Accurate records are also important if it is decided that a case needs to be reviewed e.g. for the purposes of a Domestic Homicide Review. Good practice is therefore to retain records where domestic abuse is known to have been a factor for a minimum of six years.

Good practice on this subject is supported by the Department of Health Guidance ‘[Responding to domestic abuse – a handbook for Health Professionals 2005’](https://www.google.co.uk/search?source=ig&rlz=&q=Responding+to+domestic+abuse+%E2%80%93+a+handbook+for+Health+Professionals+2005%E2%80%99&oq=&gs_l=).

Staff must also try and obtain a safe correspondence address for the person, where information, which may put the person at risk, can be sent.

**7.2 Recording of domestic abuse**

Professionals have a duty of care to record domestic abuse and permission need not be sought from the victim, but should comply with current professional guidelines and, as with child protection, should include details of any given explanation and any further observations by the professional, which contribute to the information base.

Whenever possible the person should be unaccompanied when being asked about domestic abuse, to encourage them to disclose information and seek information and advice.

The recording of domestic abuse should include any disclosure i.e. what the client said, their emotional state and composure, a description of the injury/bruising on a body map if possible or appropriate to the service.

Note who is present when the history of an injury is being taken i.e. partner or husband/ wife. Are there children in the household; were they present at any time of alleged assault/injury and/or present at history taking?

Do not use family or friends as interpreters, but use interpreters with training in domestic abuse, or with an understanding of domestic abuse issues, via a recognised body. [SCAIS](http://www.sheffield.nhs.uk/scais/) also has access to sign language interpreters.

**7.3 Routine service enquiry**

Because abuse or violence is so common in women’s lives, where appropriate we should ask routinely about abuse in relationships so that we can give all clients information about agencies that can help. In some services or circumstances, it may be appropriate to routinely ask men approaching for services as well. Questions which can be asked are:

* Have you ever been afraid of your partner's behaviour or are they verbally abusive?
* Have you ever been hurt by your partner - perhaps slapped, kicked or punched?
* Has your partner ever threatened to hurt you or someone you care about?
* Has anyone ever hurt you?”
* Have you ever been forced to do something sexual that you didn't want to do?
* Do you feel controlled and isolated by your partner? Does your partner belittle and insult you?
* For men with indicators of abuse: “Your injuries may have been caused by abuse within the home. Is this something you are experiencing? Help is available.”

In the case of serious assault or where there are risk factors evident, consideration may have to be given to protection through Police involvement.

Advice can also be obtained from the Sheffield Domestic Abuse helpline **on 0808 808 2241**(free to call from landlines and most mobiles as well).

Information on the ACPO DASH risk checklist can be found in Appendix D.

**7.4 Information to service users**

Additional information about domestic abuse services in Sheffield and national contact numbers can be found on the DACT website at [www.sheffielddact.org.uk](http://www.sheffielddact.org.uk). Similar information is available on the widely available information card and other DACT produced promotional material. If you would like to ask for some of these materials please contact [dact@sheffield.gov.uk](mailto:dact@sheffield.gov.uk) or ring 0114 273 6851.

The free phone National Domestic Abuse Helpline number is Tel: 0808 2000 247 or though the National [Domestic Violence Helpline website](http://www.nationaldomesticviolencehelpline.org.uk/professional-seeking-advice-or-information-on-domestic-violence.aspx) which has further guidance for professionals.

Providing information supports the person experiencing domestic abuse to make informed decisions towards a safer lifestyle and where they can receive further help.

Staff can access additional information from the Department of Health Guidance ‘Responding to domestic abuse – a handbook for Health Professionals 2005’

**7.5 People who ‘do not attend’ appointments**

People who are known to be experiencing domestic abuse or at risk of domestic abuse, who fail to attend for appointments should be offered a further appointment. The referrer, if there is one, should be notified if they fail to make contact or when they are discharged from the service. If a person is known to be at high risk of serious harm or homicide then they should be referred to IDVAS or the Police.

**8. Dissemination, storage and archiving**

Where paper policy files or archives are maintained within teams or services it is the responsibility of the manager to ensure that paper policy files are kept up to date and comprehensive, and that staff are made aware of new or revised policies. Domestic abuse is rarely a one off event so it is good practice to keep records, and since the introduction of Domestic Homicide reviews (DHR), records should be kept for a minimum of 6 years.

**9. Training and other resource implications**

Decisions regarding safety and disclosure of information should be discussed with a manager, supervisor or the DACT.

There is information on a wide range of multi-agency courses we commission via the Sheffield DACT at [www.sheffielddact.org.uk](http://www.sheffielddact.org.uk).

Domestic Abuse Training Courses are also offered in partnership with the Sheffield Safeguarding Children Board website [www.safeguardingsheffieldchildren.org.uk](http://www.safeguardingsheffieldchildren.org.uk)

**10. Audit, monitoring and review**

(Please insert your own organisation’s policy for this.)

**11. Links with other policies**

Domestic Abuse may also affect your organisation’s staff and volunteers. It is therefore appropriate to have another policy (or an appendix to this one) that covers what your organisation’s procedures will be if a staff member is a victim or perpetrator of domestic abuse. Model policies and guidance can be found at:

<http://www.nhsemployers.org/HealthyWorkplaces/Keeping-staff-well/DomesticViolence/Pages/CreatingATrustDomesticViolencePolicy.aspx>

<http://www.womensaid.org.uk/domestic-violence-articles.asp?section=00010001002200290002&itemid=1423&itemTitle=Employer+Guide%3A+Domestic+Violence+Policy+for+your+business>

<http://www.respect.uk.net/pages/the-domestic-violence-resource-manual-for-employers.html>

(Please insert links to other relevant policies in your own organisation.)

**12. Contact Details**

(Please insert any relevant contacts, such as Occupational Health, in your own organisation.)

**12. References and further information:**

* [Sheffield Drug and Alcohol/ Domestic Abuse Co-ordination Team](http://www.sheffielddact.org.uk/) (DACT)
* Sheffield Safeguarding Children Board procedures for children living with domestic abuse can be found at <http://sheffieldscb.proceduresonline.com/chapters/p_dom_abuse.html>
* The Domestic Violence Crime and Victims Act 2004
* Domestic Violence, Crime and Victims (Amendment) Act 2012
* Mental Capacity Act 2005
* ‘Responding to domestic abuse – a handbook for Health Professionals’, Department of Health 2005’
* Conducting a domestic homicide review: online learning [www.gov.uk/conducting-a-domestic-homicide-review-online-learning](http://www.gov.uk/conducting-a-domestic-homicide-review-online-learning)
* Ending violence against women and girls in the UK - Home Office [www.gov.uk/government/policies/ending-violence-against-women-and-girls-in-the-uk](http://www.gov.uk/government/policies/ending-violence-against-women-and-girls-in-the-uk)
* Responding to violence against women and children – the role of the NHS. The report of the Taskforce on the Health Aspects of Violence Against Women and Children, March 2010
* Improving safety, Reducing harm, Children, young people and domestic violence. A practical toolkit for front-line practitioners, September 2009
* Domestic Violence London has various reports and guidance for professionals [www.domesticviolencelondon.nhs.uk](http://www.domesticviolencelondon.nhs.uk)
* Health Visiting and School Nursing Programmes: supporting implementation of the new service model. No.5: Domestic Violence and Abuse – Professional Guidance [www.gov.uk/government/publications/guidance-for-health-professionals-on-domestic-violence](https://www.gov.uk/government/publications/guidance-for-health-professionals-on-domestic-violence)
* **Adult safeguarding and domestic abuse -** A guide to support practitioners and managers (ADASS and LGA May 2013) <http://www.local.gov.uk/publications/-/journal_content/56/10180/3973717/PUBLICATION>
* Department of Health Female Genital Mutilation: Multi-agency practice guidelines– ([Department of Health, 2011](https://www.gov.uk/government/publications/female-genital-mutilation-multi-agency-practice-guidelines))
* Multi-agency Statutory Guidance for the Conduct of Domestic Homicide Reviews- Home Office , June 2013 [www.gov.uk/government/publications/revised-statutory-guidance-for-the-conduct-of-domestic-homicide-reviews](http://www.gov.uk/government/publications/revised-statutory-guidance-for-the-conduct-of-domestic-homicide-reviews)
* [Women's Aid](http://www.womensaid.org.uk/) is the key national charity working to end domestic violence against women and children. We support a network of over 350 domestic and sexual violence services across the UK.
* Since 1971, [Refuge](http://refuge.org.uk/) has led the campaign against domestic violence. We have grown to become the country’s largest single provider of specialist domestic violence services. On any given day we support over 2,000 women and children.
* [Co-ordinated Action Against Domestic Abuse](http://www.caada.org.uk/) (CAADA) is a national charity supporting a strong multi-agency response to domestic abuse. Our work focuses on saving lives and saving public money.

**Appendix A Multi-Agency Risk Assessment Conference (MARAC)**

**Introduction**

The purpose of a Multi-Agency Risk Assessment Conference (MARAC) is to reduce the risk of further assault, injury and homicide, to victims of domestic violence who have been assessed as at high risk of further abuse. The Independent Domestic Violence Advocacy Service (IDVAS) works in conjunction with the MARAC to take the voice of the victim to the MARAC meeting and keep them informed of the MARAC outcome.

The Sheffield MARAC has been in operation since 2007, and deals with around 600 high risk cases per year. To date the MARAC has operated according to the guidance provided by [CAADA](http://www.caada.org.uk/marac/Information_about_MARACs.html), (Co-ordinated Action Against Domestic Abuse) the charity commissioned by the Home Office to establish MARACS and train agencies. The CAADA website contains a comprehensive list of documents[[2]](#footnote-2) covering all aspects of the running of the MARAC, and the roles and responsibilities of member agencies.

Local guidance and policies including the Sheffield MARAC Operating Protocol, and the MARAC Information Sharing Protocol can be found at <http://sheffielddact.org.uk/domestic-abuse/resources/marac-information-and-forms/>

The MARAC is designed to enhance, not replace, existing arrangements for public protection, including safeguarding children and adults, and has a specific focus on the safety of the victim and any children.

**Aims of the MARAC**

The main aim of the MARAC is to protect victims of domestic abuse and their children and reduce serious harm and homicide as a result of domestic abuse.

It also improves effectiveness by enabling agencies to work together, improves accountability through the action planning, and provides support for staff working with high risk domestic abuse cases.

The Sheffield MARAC brings agencies together, fortnightly, to consider cases of domestic abuse where the victim has been assessed as at high risk of serious harm, with the aim of reducing that risk, and promoting safety.

This includes:

* Accepting referrals from any agency whose staff have assessed the case as High Risk using the ACPO DASH.
* Ensuring the victim’s voice is heard (if they engage with the process), represented by the Independent Domestic Violence Advocate.
* Sharing appropriate and relevant information to provide a full picture to enable appropriate action to be agreed.
* Agreeing actions to reduce risk and promote the safety and well-being of the victim and any children or adults with support needs.
* Providing professional support to reduce the risk of further harm.

**Partner Agencies**

The MARAC has a core membership comprising the responsible strategic leads from the statutory and voluntary sector agencies which work directly with victims and offenders. In addition some agencies may attend as required, should they refer a case in or should a case have particular relevance to their service.

**Core Membership**

* South Yorkshire Police
* Sheffield Independent Domestic Violence Advocacy Service
* Sheffield Council, Children, Young People and Families Service – Joint Investigation Team, MAST and Safeguarding Children Service
* South Yorkshire Probation Trust
* Sheffield Council – Safeguarding Adults
* Sheffield Children’s NHS Foundation Trust
* Sheffield Teaching Hospital’s Trust
* Sheffield Health and Social Care Trust – Fitzwilliam Centre and IAPT
* Sheffield Drug Intervention Project
* Sheffield Council – Housing Solutions Service.
* Sheffield Homes
* Community Youth Teams
* Youth Justice Service
* BME specialist domestic abuse support service

**Other agencies that may attend** (This list is not exhaustive.)

* Victim Support Sheffield
* Women’s refuges
* Domestic Abuse outreach and floating support services
* Independent Sexual Violence Advocacy Service

**How to refer to MARAC**

Initial enquiries about whether to refer should be made to your organisations MARAC representative or Domestic Abuse Champion. If you do not have a MARAC rep or champion please contact the Domestic Abuse Helpline on 0808 808 2241 or [help@sheffielddact.org.uk](mailto:help@sheffielddact.org.uk) for advice.

The ACPO DASH which also works as the MARAC referral form can be downloaded from the DACT website <http://sheffielddact.org.uk/domestic-abuse/resources/marac-information-and-forms/>

**Appendix B Domestic Abuse risk factors**



**Domestic Abuse Risk Assessment**

**thresholds and definitions**

**STANDARD RISK:**

Current evidence does NOT indicate likelihood of causing

**serious harm**

**MEDIUM RISK:**

There are identifiable indicators of **risk of serious harm**.

Perpetrator has **potential** to cause **serious harm**

but **serious harm is unlikely** unless there is a change in circumstances

**HIGH RISK:**

There are identifiable indicators of **imminent risk of serious harm.**

Dynamic – an incident could happen at any time

and the **impact would be serious**.

**SERIOUS HARM:**

A risk that is life threatening and / or traumatic, and from which recovery, whether physical or psychological, can be expected to be difficult or impossible.

**PROFESSIONAL JUDGEMENT:**

**Professional:** a person who engages in an activity with competence and skill.

**Judgement:** being able to make an informed decision, based on a balanced viewpoint.

Use professional experience, in conjunction with the evidence based ACPO DASH tool, to assist in identifying and grading risk. Consult line managers, your agency MARAC representative for advice.

**Appendix C**

**Sheffield Domestic Abuse Pathway April 2013** (pre implementation of Supported Accommodation Pathway)



\*\* The emergency accommodation options offered would be:

1. Refuge in Sheffield
2. Temporary accommodation in Sheffield (via Housing Solutions)
3. Refuge out of Sheffield (if client does not want to stay in the city)

**Appendix D – DASH ACPO Risk checklist**





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**DASH RISK ASSESSMENT**

|  |
| --- |
| **DOMESTIC ABUSE, STALKING, HARASSMENT & ‘HONOUR’ BASED VIOLENCE** |

**AFTER COMPLETING DASH, CIRCLE RISK LEVEL HERE: High** / **Medium** / **Standard**

**Date:**

**complete MARAC Referral section**

**Name of person completing DASH:**

**Agency:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **VICTIM’S DETAILS** | | | | | | | | | | | | |
| NAME : | | | DATE OF BIRTH: | | | | Gender: M / F | | | | | |
| ADDRESS OF VICTIM:  Is it safe to post to this address Y/N  If no please provide an alternative | | | TELEPHONE NO:  IS IT SAFE TO CALL? Y / N | | | | Diversity Data (if known): | | | | | |
| Black & Minority Ethnic | | | | |  |
| Lesbian, Gay, Bisexual, Trans | | | | |  |
| Disabled (inc. learning disability) | | | | |  |
| **PERPETRATOR’S DETAILS** | | | | | | | | | | | | |
| NAME : | | DATE OF BIRTH: | | | | Gender M / F | | | | | | |
| ADDRESS OF PERPETRATOR: | | RELATIONSHIP TO VICTIM? | | | |  | | | | | | |
| **CHILDREN’S DETAILS (IF ANY)**  IF YOU RUN OUT OF ROOM PUT DETAILS IN REASONS FOR REFERRAL | | | | | | | | | | | | |
| NAME | ADDRESS | | | DATE OF  BIRTH | RELATIONSHIP TO VICTIM | | | RELATIONSHIP TO PERPETRATOR | | SCHOOL  (If known) | | |
|  |  | | |  |  | | |  | |  | | |
| **RISK ASSESSMENT CHECKLIST- DASH TOOL** | | | | | | | | |  | |  | |
| THE CONTEXT AND DETAIL OF WHAT IS HAPPENING IS VERY IMPORTANT.  THE QUESTIONS HIGHLIGHTED IN **BOLD** ARE **HIGH RISK FACTORS**.  TICK THE RELEVANT BOX AND **ADD CONTEXT** **WHEREVER YOU TICK YES** | | | | | | | | | **YES** | | **NO** | |

|  |  |  |
| --- | --- | --- |
| **CURRENT SITUATION** | **YES** | **NO** |
| 1. Has the current incident resulted in injury? (please state the date this occurred, what the injury was and whether this is the first injury) |  |  |
| 1. **Are you very frightened?**   Comment on the level of fear and reasons: |  |  |
| 1. What are you afraid of? Is it further injury or violence? (please give an indication of what you think (name of abuser (s) ....................might do and to whom)   Kill: Self Children Other (please specify)  Further injury & violence: Self Children Other (please specify)  Other (please clarify): Self Children Other (please specify) |  |  |
| 1. **Do you feel isolated from family / friends i.e. does (name of abuser (s) ....................) try to stop you from seeing friends / family / others?** |  |  |
| 1. Are you feeling depressed or having suicidal thoughts? (Give reasons) |  |  |
| 1. **Have you separated or tried to separate from (name of abuser (s) ....................) within the past year?** |  |  |
| 1. **Is there conflict over child contact** (please state what) |  |  |
| 1. **Does (.......................) constantly text, call, contact, follow, stalk or harass you?** (Please expand to identify what and whether you believe that this done deliberately to intimidate you? Consider the context and behaviour of what is being done) |  |  |
| **CHILDREN / DEPENDENTS** (If no children/dependants, please go to the next section) | **YES** | **NO** |
| 1. **Are you currently pregnant**   **Due date :**  **Have you recently been pregnant/had a baby (in the past 18 months)?** |  |  |
|  |  |
| 1. Are there any children, step-children that aren’t (.......................) in the household? Or other dependants in the household (e.g. older relative)? |  |  |
| 1. **Has (.............................)ever hurt children / dependants?** |  |  |
| 1. Has (..............................) ever threatened to hurt or kill the children / dependants? |  |  |
| **DOMESTIC VIOLENCE HISTORY** | **YES** | **NO** |
| 1. **Is the abuse happening more often?** (Give details and frequency) |  |  |
| 1. **Is the abuse getting worse?** ( Give details ) |  |  |
| 1. **Does (.............................) try to control everything you do and/or are they excessively jealous?** (in terms of relationships, who you see, being ‘policed at home’, telling you what to wear for example. Consider honour based violence and stalking and specify the behaviour including the behaviour of extended family) |  |  |
| 1. **Has** **(.............................) ever used weapons or objects to hurt you** |  |  |
| 1. **Has** **(.............................) ever threatened to kill you or someone else and you believed them?** |  |  |
| 1. **Has** **(.............................) ever attempted to strangle / choke / suffocate / drown you?** |  |  |
| 1. **Does (...........................) do or say things of a sexual nature that makes you feel bad or that physically hurt you or someone else?** (specify who/what) |  |  |
| 1. **Is there any other person that has threatened you or that you are afraid of?** (If yes, consider extended family if honour based violence. Please specify who) |  |  |
| 1. Do you know if (.......................) has hurt anyone else? (for example children/siblings/elderly relative/stranger. Consider HBV. Please specify who and what:   Children? Another family member ? Someone from a previous relationship?  Other (please specify) |  |  |
| 1. **Has (...........................) ever mistreated an animal or the family pet?** |  |  |
| **ABUSER(S)** | **YES** | **NO** |
| 1. Are there financial issues? For example, are you dependant on (...............) for money/have they recently lost their job/other financial issues e.g. debt or rent arrears ? Give details. |  |  |
| 1. **Has (........................) had problems in the past year with drugs (prescription or other), alcohol or mental health leading to problems in leading a normal life?** (Please specify what)   Drugs? Alcohol? Mental Health? |  |  |
| 1. **Has (.........................) ever threatened or attempted suicide?** |  |  |
| 1. Has (..........................) ever breached bail/an injunction and/or any agreement for when they can see you and /or the children? (please specify)   Bail conditions? Non Molestation/Occupation order?  Child contact arrangements? Forced Marriage Protection Order?  Other (please specify) |  |  |
| 1. Do you know if (.................) has ever been in trouble with the police or has criminal history? (If yes, please specify)   DV? Sexual violence? Other Violence? Other? |  |  |

**RISK LEVEL: STANDARD: MEDIUM: HIGH:**

**THE RISK LEVEL MUST BE BASED ON PROFESSIONAL JUDGEMENT, NOT No. of ticks**

**ALL HIGH RISK CASES MUST BE REFERRED TO MARAC ON REFERRAL FORM ATTACHED**

**MARAC REFERRAL FORM – FOR HIGH RISK CASES ONLY**

|  |  |  |  |
| --- | --- | --- | --- |
| **REFERRAL FROM** (AGENCY):  **TO LEAD AGENCY:** **SOUTH YORKSHIRE POLICE** TEL: 0114 252 3682 / 0114 252 3597 FAX: 0114 252 3095  **DATE:** | | | |
| NO. OF RISK ASSESSMENTS COMPLETED BY REFERRER IN LAST 12 MONTHS (with this victim): | | |  |
| IS THIS REFERRAL A MARAC REPEAT? | | | YES / NO |
| REASON(S) FOR REFERRAL: | | | |
| IDENTIFY **CURRENT** KEY RISKS TO THE VICTIM: | | | |
| OTHER RELEVANT INFORMATION (From victim or officer/worker) WHICH MAY ALTER RISK LEVELS. DESCRIBE: (Consider for example victim’s vulnerability – disability, mental health, alcohol/substance misuse and/or the abuser’s occupation/interests-does this give unique access to weapons i.e. ex-military, police, pest control) | | | |
| IF ANY OTHER AGENCY IS KNOWN TO BE INVOLVED, PLEASE SUPPLY CONTACT DETAILS (NAME, ADDRESS, PHONE NUMBERS ETC)? | | | |
| IS THIS PERSON AWARE OF THE MARAC REFERRAL? YES / NO IF NO WHY NOT?  HAS THE VICTIM BEEN REFERRED TO ANY OTHER MARAC? YES / NO IF YES WHERE / WHEN? | | | |
| **REFERRING PERSON’S DETAILS** | | | |
| NAME & ROLE IN AGENCY: |  | | |
| ADDRESS: |  | | |
| TELEPHONE: |  | FAX: | |
| MOBILE: |  |  | |
| EMAIL: |  | IS EMAIL ADDRESS SECURE? YES/NO | |
| The MARAC Referral should ideally be made by a trained practitioner.  If individual staff have not attended DASH training but have good knowledge of the case, they should record the known risk issues and discuss the case with a manager, or their agency MARAC rep, before referring to MARAC.  NAME OF MANAGER/MARAC REP CONSULTED: | | | |
| **THIS MARAC REFERRAL MUST ALSO BE FORWARDED TO THE LOCAL IDVA SERVICE – see below** | | | |

**NOTES FOR GUIDANCE:**

* Please **type** the form wherever possible, if hand written please use BLOCK capitals.
* Please **complete all parts** of the form in as much detail as possible. **Add relevant information** **whenever you tick ‘yes’** in answer to any of the questions.
* **One** form must be used per victim.
* **For MARAC Referrals** - in the ‘**reasons for referral’** put as much information in but be brief and concise (for police officers information should be included from all police systems).
* **NO** extra paperwork is to be sent with the form, just send the referral form only.

**WHERE TO SEND THE MARAC REFERRAL FORM:**

To refer a **High Risk** case to the MARAC process, the completed form should be returned to the MARAC administrators at South Yorkshire Police Public Protection Unit.

This can be done by:

1. **E-MAIL.** This is the preferred method and should be used all the time **BUT ONLY** if you have a secure e-mail. If you do not you cannot use e-mail. The email addresses are:

**MARAC\_sheffield@southyorks.pnn.police.uk**

**MARAC\_rotherham@southyorks.pnn.police.uk**

**MARAC\_barnsley@southyorks.pnn.police.uk**

**MARAC\_doncaster@southyorks.pnn.police.uk**

1. **FAX.** Send by FAX to 0114 252 3095 or 8095 (Police internal number)
2. **POST.** Post should only be used if you cannot use E-MAIL or FAX. If you post the form **you must** use 1st class registered post and send the form to:

South Yorkshire Police

Headquarters Public Protection Unit

3rd Floor, Snig Hill

Sheffield S3 8LY

**ALL MARAC REFERRALS MUST BE ALSO FORWARDED TO THE LOCAL IDVA SERVICE:**

**Sheffield -** [**idvas.groupmailbox@sheffdap.cjsm.net**](mailto:idvas.groupmailbox@sheffdap.cjsm.net) **Tel: (0114) 249 3920 Fax: 272 4296**

**Rotherham –** [**idvas@rotherham.gov.uk.cjsm.net**](mailto:idvas@rotherham.gov.uk.cjsm.net) **Fax 01709 371637**

**Barnsley –** [**kath.huckle@barnsley.cjsm.net**](mailto:kath.huckle@barnsley.cjsm.net) **Tel/Fax 01226 731812**

**Doncaster -** [**idvas@doncaster.gcsx.gov.uk**](mailto:idvas@doncaster.gcsx.gov.uk) **Fax 01302 862354**

**WHEN TO SEND THE FORM:**

1. MARAC Referral Forms must be with the MARAC administrators **NO LATER** than 9 working days before the date of the MARAC

2. If a case is urgent then you must consider calling an emergency MARAC outside of the normal MARAC framework.

1. https://www.gov.uk/government/policies/ending-violence-against-women-and-girls-in-the-uk [↑](#footnote-ref-1)
2. <http://www.caada.org.uk/marac/Resources_for_people_involved_in_MARACs.html> [↑](#footnote-ref-2)