

Specialist Domestic Violence Court Programme

Resource Manual



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Specialist Domestic Violence Court Programme Resource Manual

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Introduction

This resource manual is for use in those areas that are 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 the court processes at its heart, it also refers to early identification of DV incidents particularly policing, health and social care interventions, through to specialised and generic victim support.

In essence, the specialist court programme is a **co-ordinated community response** to DV which combines both criminal justice and non-criminal justice interventions and forms a multi-agency response that creates greater victim safety and brings perpetrators to account.

The SDVC Programme was developed following several independent evaluations. These included the two evaluations of seven specialist DV court systems, which demonstrated that by adopting particular working practices, significant improvements could be made to the outcomes of domestic violence cases. It also used the evaluation of the role of the IDVA and the MARAC process in improving outcomes for victims. For example, these approaches:

- enhanced the effectiveness of court and support services for victims
- made support for victims and information-sharing easier
- improved risk management of victims and children
- led to greater accountability of the perpetrator
- improved victim participation and satisfaction
- increased public confidence in the Criminal Justice Service (CJS).

Some of the specific measures utilised by the court system included:

- frontline police officers trained on the ACPO guidance¹ for investigating DV
- accredited independent domestic violence advisors who offer victims one point of contact during and after their case
- dedicated prosecutors, specially trained magistrates, legal advisors
- either a fast-tracking of domestic violence cases, or a clustering-together of cases on a designated day each week or each month, to enhance the effectiveness of the court and the support services
- where possible, separate entrances, exits and waiting areas so that victims do not face the risk of being confronted by their attackers while attending court.

This approach requires partnership working outside of 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 for the management of victims and perpetrators. To refine this approach, the Government's interdepartmental officials group, along with key Stakeholders in the domestic violence sector, have identified 11 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

¹ Centrex Guidance on Investigating Domestic Violence, 2004 (Produced on behalf of the Association of Chief Police Officers by the National Centre for Policing Excellence) - see <http://www.acpo.police.uk/policies.asp>

and key individuals need to be identified and held to account for the delivery of their section of the service system.

This manual addresses each of these 11 components and explains in some detail how they operate and interact with each other. They have been drafted by members of the SDVC Programme 'task force': a wide ranging group of experts and consultants who have developed a particular expertise in one or more aspects of the delivery of local domestic violence strategies. Each of these experts are standing by to help local partnerships prepare for implementation of the court programme, and can be contacted through domestic violence leads in the Government Offices.

Although the programme delivery is currently confined to the Specialist DV court areas, the programme reflects all the work-streams outlined in the National Plan for Domestic Violence² and has the potential to become the template for all domestic violence strategies that are developed by local partnerships.

The dynamics/context of DV

Domestic violence covers a wide range of abusive behaviours within intimate and family relationships. The government defines domestic violence as:

“Any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members, regardless of gender or sexuality”.

The majority of domestic violence cases which come to the attention of the authorities, local social and health care agencies are those between heterosexual couples, where the woman is the victim and the man is the perpetrator. The usual form of abuse reported to the authorities is systematic physical violence. However, this is not always the case and some forms of abuse which are covered under the governments definition, can be culturally specific, such as Female Genital Mutilation, forced marriage and other harmful traditional practices including so-called “honour-based” crimes. Working with such diverse populations means that there may be specific language and cultural needs which will have to be addressed to ensure that local services respond to the local need.

In addition, DV occurs in the lesbian, gay, bisexual and transgender (LGBT) communities and the dynamics and types of behaviour which occur can be specific to their sexual and gender identity. Similarly, in those cases where the man is the victim and the woman the perpetrator, there may well be different needs which have to be understood and responded to.

Therefore, in the specialist court areas, it is essential that all frontline service workers who are likely to come in to 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.

² The National Plan is available at <http://www.crimereduction.gov.uk/domesticviolence51.htm>

Annex 1 highlights the dynamics and issues that might be present with each of these identified populations and communities and the various organisations listed are standing by to assist with training and other support services.

Component 1: Multi-agency partnerships with protocols

Partnership

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

- agreeing to hold the safety of the victim as an overarching aim of the partnership, binding the different agencies together
- ensuring equal status within the partnership for statutory and voluntary sector members
- clearly defining key roles and responsibilities within the partnerships in written and agreed protocols
- linking in to Local Criminal Justice Boards and Crime and Disorder Reduction Partnerships.

Project co-ordination

It is important to appoint a project co-ordinator to lead and oversee the SDVC project. A project manager job description is available at www.cps.gov.uk/publications under national protocols. Project management training may be needed for the project manager.

Steering arrangements

A steering group is needed to develop, monitor and performance-manage the SDVC. The group should involve all partners who have a delivery role. Representation should be at an appropriate level.

The management framework of the partnership will have a different role to a Domestic Violence (DV) Forum, which may have a remit (geographical or otherwise) wider than that of the area covered by the SDVC.

Operational arrangements

An operational team is needed to track cases across agencies and provide on-going quality assurance checks. It is a practical team which should include:

- Independent Domestic Violence Advisor (IDVA – see Component 4)
- CPS DV Co-ordinator or a specialist DV prosecutor
- Police Domestic Violence Officer (DVO)
- representation from the court
- any data administrator whose responsibility it is to collect any data and track the cases through the criminal justice process.

It is recommended that the operational group meet regularly to check that all cases are being dealt with by all agencies, and to discuss any case progression issues. (This team will not deal with risk management as that role is for the multi-agency risk assessment conferences (MARACs – see Component 2).

Performance management

Performance management arrangements should:

- recognise current monitoring priorities, obligations and restrictions for each agency, as well as mutual interests of partner agencies
- demonstrate a clear understanding of what each agency can deliver in terms of structure, resources and roles
- agree the aims and terms of reference of the SDVC
- map inputs, indicators and outcomes onto the aims in a coherent way.

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.

Points to remember when drafting a multi-agency protocol:

- identify and include the full range of agencies necessary to delivering the specific project or intervention and individuals within them
- ensure that all these agencies agree and sign the protocols
- remember that the protocol should standardise how agencies will respond to the issue. Protocols are most useful when they are practical and have an operational focus
- check each stage of the protocol process for victim safety
- negotiate the protocol with agencies, as they are based on shared understanding and aims
- involve staff in the drafting of the documents to help ensure ownership of the processes being developed and implemented
- create a flow chart of the protocol to help identify that pathways and option do not result in “dead ends”
- clearly consider and address the aims and objectives of the partnership when writing the protocol.

Roles and responsibilities protocols

Protocols help ensure accountability, detailing the specific role played by each agency involved in delivering the co-ordinated response, or specific intervention, between two or more selected agencies to clarify a specific procedure.

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

- train staff regularly on implementing and following the agreed protocols
- understand that protocols are a tool of partnership working, not the end product
- review and improve the protocols over time
- collect and analyse relevant and necessary monitoring data, incorporating this into the protocol agreement.

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.crarg.org.uk/library/index.htm#protocols>. For a local information sharing guidance, Caerphilly's information-sharing protocol can be downloaded³.

Good practice examples:

There are various models for protocols but two which have been evaluated are from Caerphilly Gwent and Croydon⁴. 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;
- the Croydon protocol covers similar roles and responsibilities, but by each stage of the case, within a cluster court system.

SDVC multi-agency protocols for SDVC including flowcharts and process maps are available at www.standingtogether.org.uk and are also published in Standing Together's 'Two years On' report⁵.

Caerphilly's information-sharing protocol can be found at: <http://www.cps.gov.uk/publications/agencies/dv/index.html> or Home Office information sharing protocol on www.crarg.org.uk

Project manager job description:

- a project manager job description is available at: <http://www.cps.gov.uk/publications/agencies/dv/index.html>
- Other job descriptions are available at www.crarg.org.uk.

Multi-agency training:

- multi-agency training e.g. CPS, the Police and IDVAs being trained together is recommended here and could contribute towards a partnership approach to the process. See Module 7 in CENTREX/CPS training manual. Also, the National Probation Service accredited training programme training manual 'Domestic Violence Awareness Training'. See Component 4 "Training".

Tool kit for developing an SDVC:

- the Standing Together Toolkit for SDVCs will be available in 2006.

³ <http://www.cps.gov.uk/publications/agencies/dv/index.html>

⁴ Caerphilly fast-track and Croydon cluster court protocols are available on the CPS website: <http://www.cps.gov.uk/publications/agencies/dv/index.html>

⁵ <http://www.standingtogether.org.uk/publications.html>

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

Making the strategic connection between DV and public protection mechanisms

The strategic management of DV straddles a number of existing public protection arrangements:

- Crime and Disorder Reduction Partnerships (CDRPs)
- Local Safeguarding Children Boards (LSCBs)
- the Multi-agency Public Protection Arrangements (MAPPA)
- Local Criminal Justice Boards (LCJBs).

Whilst each seeks to protect the public, including known adult and child victims of domestic abuse, inevitably each has a particular focus on aspects of abuse e.g.:

- LSCBs will want to ensure the safety of children subject to domestic abuse
- MAPPA will address the risk management issues of those offenders posing the highest risk of serious harm. In the most complex cases, an adult victim, his/her family and the perpetrator may be subject to conference and review by each of these systems.

It is essential, therefore, that there is integration in the policy development and practice review being undertaken locally by these strategic bodies. Only by this integration can domestic violence be tackled holistically and a single integrated risk management plan to protect the victim be implemented by all relevant agencies.

Risk assessment

The introduction of SDVCs reflects recognition of the need for specialist services to address domestic violence. However, traditionally there has been no systematic assessment of risk faced by victims, nor has there been a co-ordinated response from agencies as a result of sharing information about risk. The lack of standardised data-gathering and evaluation has contributed to a lack of robust information about any decreases that may have occurred in instances of repeat victimisation, despite the efforts of individual agencies to address safety.

Multi-agency Risk Assessment Conferences

Multi-agency Risk Assessment Conferences (MARACs) are a recent development in services offered to victims of DV. The MARAC system as implemented in Cardiff is one multi-agency approach that has been externally evaluated and which offers a significant improvement in these crucial areas⁶.

⁶ See www.crarg.org.uk/library/index.htm under Evaluations for more information

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 determine whether the perpetrator poses a significant risk to any particular individual or to the general community
3. 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
4. To reduce repeat victimisation
5. To improve agency accountability
6. To improve support for staff involved in high risk DV cases.

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 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 usually focus on high risk victims as indicated through the use of risk assessment checklists. By sharing information, agencies get 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 2005⁷)

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. Those who did suffer repeat victimisation typically called the police at a less severe level of abuse than had previously been the case, reflecting improved confidence in the services received and a significant step towards the goal of earlier intervention.

Furthermore, the combined work of the Cardiff Women's Safety Unit, improved policing and the MARAC process have increased reporting of domestic abuse from just over 150 cases/month to over 300 cases/month in 3 years. The level of reported repeat victimisation has dropped from 32% to below 10%. The number of children referred to the

⁷ See www.crarg.org.uk for the report

Social Services for extra support has increased from 5% to 50% of cases. The number of victims refusing to make a complaint has 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 following agencies might attend MARACs:

Permanent attendees:

- Police (officer to report on cases and other public protection officers as necessary)
- Social Services
- Independent Domestic Violence Advisors (IDVAs – see Component 4)
- Victim support services
- Health representatives (midwifery, health visitors, child protection nurse, hospital staff as appropriate)
- Housing
- Probation
- Education

Additional attendees (as individual cases dictate):

- Community-based and voluntary perpetrator programmes
- Mental health
- Homelessness team
- Local drug and alcohol services
- Children and Family Court Advisory and Support Service (CAFCASS)
- Court-based user groups (Chair or representative, not necessarily judicial)
- National Association of Child Contact Centres (NACCC) local centre representative
- Children's support organisations.

The victim does not attend the meeting, nor does the perpetrator, or the Crown Prosecution Service. On average the MARAC will spend about 10 minutes per case. This does underline the importance of the role of the IDVA within the process. The victim is usually informed that their situation will be discussed by the MARAC, unless doing so would jeopardise the victim's safety.

The MARAC would usually be chaired by an officer from either the police or probation services. This is normally someone with the rank of Detective Inspector or equivalent.

What information is shared?

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
3. any relevant history of domestic violence or other associated behaviour (child abuse, sexual assault) 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 to sharing protocols in Component 1).

Which cases should be referred to MARAC? Who decides on this?

The agency chairing the MARAC (often the police) will take the referrals. Typically the greatest proportion of referrals are from the police and any advocacy service, but as confidence in the process increases, so other agencies also refer. The criteria for referral will normally be based on a definition of a high or very high risk case derived from a common risk assessment checklist that is reviewed with the victim. A risk assessment checklist includes the key factors associated with domestic homicide. Also, nationally, the probation service uses the internationally validated Spousal Assault Risk Assessment (SARA) tool with perpetrators in domestic abuse cases. Some police forces also use this tool.

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. On average, the MARAC will spend about 10 minutes per case.

The list of cases that will be considered at the MARAC is circulated to all attendees one week before the meeting⁸. Since there will normally only be one attendee from each agency (apart from the agency that chairs the meeting) they will need to communicate with their colleagues in order to be well prepared to give relevant information about the case.

All cases that are to be reviewed at the MARAC should already be target-hardened⁹; offered police watch and have an occurrence marker placed on the police computer.

⁸ Information circulated includes name, DoB, address, perpetrator name etc.

⁹ Target-hardening involves upgrading the security for the victims e.g. lock changing.

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.

The MAPPA Guidance¹⁰ also stresses the need for accurate records to be kept of the salient features of the discussions and the decisions reached at meetings.

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

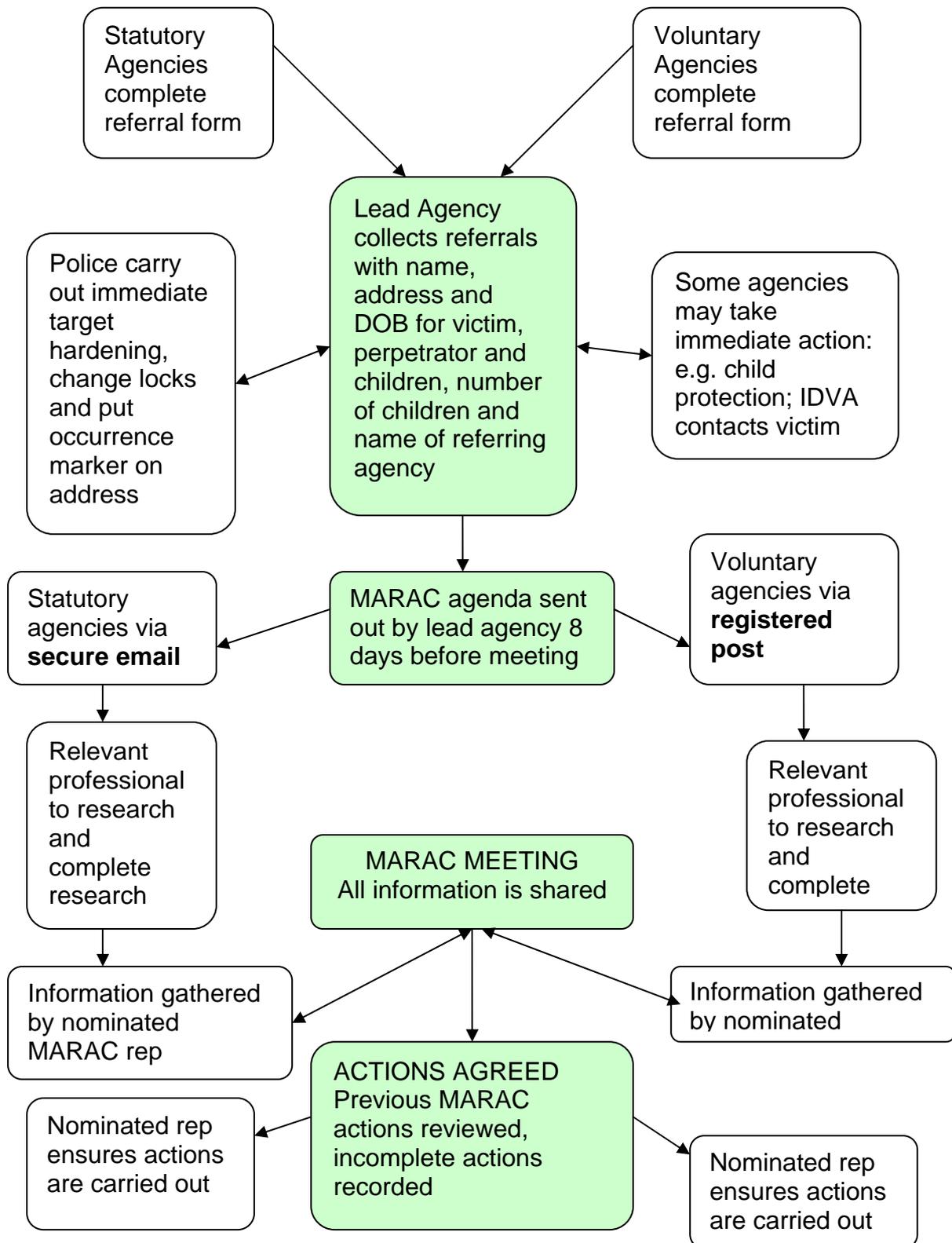
Protocols on information-sharing will have to be drafted and adopted by all agencies. Protocols should include a phrase declaring that the information gained can only be used for the purposes of the MARAC and cannot be used for other purposes without reference to the agency that supplied it. The need and method to exchange information to MAPPA 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.

What is the role of the IDVA within the MARAC?

See Component 4.

¹⁰ For details on minute keeping see the Home Office MAPPA Guidance pages 81-82.
www.probation.homeoffice.gov.uk/files/pdf/MAPPA_Guidance.pdf

Flowchart of the MARAC



MARAC implementation guide and on-line resources

The Co-ordinated Response and Advocacy Resource Group (CRARG) is developing a MARAC implementation guide. This, and the following suggested template for use in conjunction with a MARACs will be available on www.crarg.org.uk.

- MARAC risk assessment checklist
- Information Sharing Protocol for Domestic Abuse Multi-Agency Risk Assessment Conferences (MARACs)
- Chair's Notes for MARACs and Attendee Consent Form
- Domestic Abuse Referral Form to MARAC.

What is the legal authority of the MARAC and how does it link to other local public protection conferencing arrangements?

The MARAC runs parallel to Level 2 MAPPA and ensures all identified high risk DV cases are dealt with in a public protection framework. It is not a formal part of MAPPA although it should be complementary to and have robust links with local MAPPA. MAPPA is the term that describes the statutory arrangements set up nationally and operated by criminal justice and social care agencies that seek to reduce the serious re-offending behaviour of sexual and violent offenders and to protect the public. There are national guidelines for the operation of MAPPAs¹¹ detailing the criteria under which offenders should be included in the arrangements. This will include some but not all of those offenders considered under MARACs.

In appropriate circumstances¹², Level 2 MAPPA conferences could be convened as a concurrent MARAC provided the different but complementary representation, focus and responsibilities of both are clear. The clear focus of MARAC on the protection of the victim should not be lost. In practice, this may not always be possible as a MARAC may be convened:

- At an early stage in the process e.g. before conviction whereas the level 2 MAPPA conference is more likely to be convened post-sentence
- By representatives in the geographical locality of the victim (due to its victim focus), whereas the MAPPA conference is more likely to be convened in the geographical locality of the perpetrator.

It is, therefore, essential that communication between MARAC and MAPPA is very clear and care plans from an earlier MARAC are conveyed to a level 2 MAPPA.

Similarly for those men who have a requirement to attend a DV programme accredited by the Correctional Services Accreditation Panel (CSAP) as part of a Community Sentence, the requirement for interagency risk assessment and management conferences as a

¹¹ 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 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.

¹² To avoid duplication, and at the discretion of the convenor.

mandatory part of the programme could also be convened as a concurrent MARAC. Again, this may not always be possible, for similar reasons to MAPPA conferences.

What support is available for those setting up a MARAC from the Home Office SDVC task force?

The Home Office has worked together with CRARG (the Co-ordinated Response and Advocacy Resource Group¹³) to develop a comprehensive support package for areas seeking to establish or develop the MARAC process.

This will include:

1. one days training in how to develop, run and implement a MARAC. This assumes detailed local research prior to the visit, a one day visit with a number of experienced MARAC practitioners **prior** to the launch of the local MARACs
2. a report with practice recommendations following the visit
3. approximately 2-3 months later areas could receive a follow-up visit by members of the CRARG team to attend 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. a quality assurance visit from the CRARG team approximately 9 months after the launch of the MARACs to check that they meet minimum standards and again address any practical issues. Individual areas would be encouraged to be in contact with CRARG as much as necessary to access informal support in addition to this programme.

¹³ CRARG 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.crarg.org.uk

Component 3: Identification of cases

The identification of DV, wherever it becomes apparent, 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 some form of co-ordination is in existence to ensure such identification takes place and that, once identified, an operational response is at the very least being considered within every element of the partnership.

The key areas where identification should be taking place are within the following agencies and organisations:

- Police
- Crown Prosecution Service
- Courts
- 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
- Probation
- Benefits agency – they identify a significant number of DV cases and should be part of any DV partnership process
- Voluntary sector – including those not directly providing services to victims or perpetrators
- Drug and alcohol agencies
- CAF/CASS.

Association of Chief Police Officers (ACPO) guidance on investigating DV¹⁴ and CPS policy¹⁵ and good practice guidance are 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 (see introduction)?

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)?

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

Training – are all agencies trained to identify, record, respond and refer domestic violence cases?

¹⁴ www.acpo.police.uk/asp/policies/Data/Guidance%20on%20DV.pdf

¹⁵ <http://www.cps.gov.uk/publications/prosecution/domestic/index.html>

Tracking – is there 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?

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. The police are absolutely essential to this objective. Training and awareness-raising will play a crucial part in this and experience has shown that a “one-off” training event is simply insufficient to maintain a high standard of identification. The following are suggested as the steps necessary to capture the majority of DV cases from the police (whether prosecuted or not).

Police

1. Obtain the support of the Chief Officer or someone with the requisite level of authority to support the principle of the SDVC and the process necessary to increase levels of identification of DV cases within the agencies.
2. Create a clear policy in responding to DV cases, including identification, risk assessment and flagging.
3. Train officers in the dynamics of DV at the commencement of their careers and as a continuing theme of their professional development (perhaps when delivering training on risk assessment).
4. Train all relevant police support staff in the importance of the correct identification of and response to domestic violence (e.g. call handlers in control rooms and administrators within crime investigation/recording units).
5. Train all Custody Officers to ensure flagging of case papers and appropriate bail decisions (i.e. conditions and correct court) in all DV cases. Note Police flag all adult cases (not Under 18s).
6. Introduce a level of supervision of all DV cases reported to police which ensures 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 that is responsible for the administration of the criminal justice process must oversee a process whereby all cases that result in prosecution are correctly marked to ensure the CPS and Court are aware that it falls into the SDVC remit. (Croydon police have devised a stamp that covers a wide range of flagging requirements that might occur in a DV case e.g. child witnesses/DV or rape/DV. The flag also indicates whether there are civil court proceedings).
9. Finally, the link between child protection investigations and prosecutions and DV cases must be made and identified appropriately.

Crown Prosecution Service

The introduction of Charging and CPS Direct means that CPS lawyers can assist in the identification of cases. All prosecutors flag DV cases (adults and Under 18s) on the CPS database (COMPASS). 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
- cases of DV are being correctly identified and flagged according to CENTREX/CPS training manual
- CPS Direct is being used by police officers regularly and effectively
- CPS is providing feedback 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 cases have been identified by the police and CPS, they should be listed in the SDVC court system 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.

Component 4: Specialist domestic violence support services

The evaluation of existing SDVCs has found that the provision of specialist DV support services are critical for supporting the victims and essential to the effective working of the SDVCs. This Component outlines the range of services that may be available in local areas. For information on area specific services, refer to the Women's Aid UK Gold Book: a directory of local refuge services and an on-line A-Z of services¹⁶.

Independent Domestic Violence Advisors

It is recommended that each SDVC should include at least one employed Independent Domestic Violence Advisor (IDVA) who has attended an accredited training course to specific standards in order to provide support for victims.

IDVAs are trained specialists whose goal is the safety of their victims. While IDVAs will accept all referrals, their focus is on providing a service to victims at medium to high risk of harm to address their safety needs and help manage the risks that they face. Their medium to high risk remit means that the majority (if not all) of their cases are women victims. IDVAs tend to come in at the point of crisis for a victim i.e. just after a police call out or Accident and Emergency attendance.

IDVA involvement with victims of domestic violence has been shown to decrease victimisation; increase notification of children at risk, and reduce the number of victims unwilling to support a prosecution. In the evaluation report on the SDVC pilots, in Caerphilly and Croydon, it was found that victims were more likely to participate in the criminal justice system if they were assisted by advocates¹⁷.

Key elements of an IDVA service

There are a number of elements present within an IDVA service. These are:

Crisis Intervention: advisors work from the point of crisis with a survivor and offer intensive support to help assure their short and long term safety.

Risk: the service is based on assessment and understanding of risk and its management. IDVAs must be trained to assess risk and respond in a way that is appropriate to the level of risk that the victim is experiencing. IDVAs have to be willing to involve other agencies when the victim or the children of the victim are in danger.

Independent: from both the justice system and local government, in order to focus on safety and not other targets which statutory agencies must bear in mind when providing a service. Victims need support from someone who can give impartial advice on their safety options.

Professional: this service is not suited to volunteers because the service involves supporting a victim with a trained caseworker and because IDVAs work with

¹⁶ See www.womensaid.org.uk

¹⁷ See The Second Evaluation of the Cardiff Women's Safety Unit and the Evaluation of Specialist Domestic Violence Courts/Fast Track System in the resource centre at www.crarg.org.uk.

people who are at medium or high risk of serious harm. IDVAs should be trained to meet specific accredited learning outcomes. Currently, CRARG¹⁸ delivers an accredited training course for IDVAs which meets those standards and has been endorsed by Government. Women's Aid is also developing training. The IDVA service should be provided in such a way as to be sensitive to all cultural and other differences and needs and be fully accessible to victims with complex needs and all those who face additional barriers to seeking help and support.

Multi-agency working: IDVAs are trained to understand the value and legal requirements of information-sharing. While developing safety plans that are tailored to the individual's safety needs and goals, they are trained to approach individuals' situations with the expectation that the agencies involved will each take their responsibility for reducing the risk that the victim faces, whether that is the police arresting an offender who has breached bail or a health visitor reporting to other agencies that a perpetrator who had been reportedly to have left the house has since returned.

Measurable Outcomes: 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 DV.

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

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, they can continue to work with the victim through the court process and after. The end of a trial is often not the end of the abuse or harassment.

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 dropped. The value of this was recently highlighted in new research from Dr Amanda Robinson at Cardiff University¹⁹

IDVA can also work to improve the system through their on-going involvement with the victim both during and after the criminal justice process. For instance, the IDVA will be able to tell the services when a victim has not been informed about a change of bail conditions, a release from remand, or if one of the agencies has acted in a way that has increased a victim's risk or been in breach of their obligations under the Code of Practice for Victims of Crime²⁰.

Another key role of the IDVA may be to inform victims of their rights under the Code and to support them to complain if they feel that a statutory agency has not met its obligations.

¹⁸ CRARG, the Co-ordinated Response and Advocacy Resource Group. For more information see www.crarg.org.uk

¹⁹ See www.crarg.org.uk/library/index.html - a copy of the research can be found under 'evaluations'.

²⁰ <http://www.homeoffice.gov.uk/documents/victims-code-of-practice>

The **Code of Practice for Victims of Crime**²¹ 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
- 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's current programme of work for victims also includes the establishment of Witness Care Units, a consultation on Victims' Advocates, the forthcoming Prosecutor's Pledge and the commitment to the appointment of a Victims Commissioner by April 2006.

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.

Links between IDVAs, Victim Support and the Witness Service

IDVAs should also link with Victim Support and the Witness Service. Local Victim Support offices receive DV referrals from the police in accordance with the Code of Practice for Victims of Crime, and contact victims to offer information and support. Victim Support also receives self-referrals, either directly or through *Supportline* from victims who have not reported the crime. Victim Support

- offers practical help, emotional support and information to victims of crime
- offers support to victims of violent crime to apply for criminal injuries compensation
- inform victims of relevant specialist services and refers on where appropriate.

It is important that Victim Support is aware of the work of local IDVAs and that there is a local understanding about how that relationship will work at the local level.

Victim Support also receives self-referrals from victims who have not reported the crime. A key part of Victim Support's service is providing information to victims about the range of resources available to them, so it is important that Victim Support is aware of the work of local IDVAs.

²¹ As above.

Victim Support is the independent charity which helps people cope with the effects of crime, providing free and confidential support and information to help victims of crime deal with their experience. 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. 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. The Witness Service provides 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 witnesses²².

Where required, IDVAs and local Witness Services should work together to produce protocols that aim to avoid duplication of services and provide the safest and most seamless service for victims who are witnesses.

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. 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

²² As defined in the Youth Justice and Criminal Evidence Act 1999

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 domestic violence situations, a decision which was safe at one time may not be, only a short time later.

For further information about MARACs and IDVAs contact CRARG on info@crarg.org.uk

Support available for IDVAs

CRARG was established in 2004 to support the development of IDVAs and co-ordinated responses to DV. In addition to the 14-day basic training course that is delivered, CRARG offers supplementary Continuing Professional Development (CPD) days to its 'graduates' each year. CRARG's website has a resource centre covering evaluations, protocols, good practice guidance, etc. CRARG can offer direct support to IDVA services to help them with problems they encounter in developing an advocacy service or integrating the learning from the training course into an existing service.

Training and accreditation for IDVAs

Professionals working as IDVAs should attend an accredited training programme which is recognised by the Home Office. At present, the CRARG Advocates Training Course is the only such programme²³. The training programme is available to all IDVAs working in the SDVC areas.

In addition to the accredited training offered by CRARG, Women's Aid has been funded by the government to develop national service standards for local domestic violence services (refuges, IDVAs, floating support, resettlement, and outreach services) and an accompanying national modular accredited training programme for those delivering these services to victims. This is planned to be rolled out in 2006.

Many of the existing and developing IDVAs are members of Women's Aid which can provide support through the development of resources for victims, for domestic violence services, and for other statutory and voluntary agencies,²⁴ including for example:

- web-based resources including the on-line Survivors Handbook, the UK Refuges On-line vacancy information system, the on-line A-Z of refuge services, and Hideout (the national domestic violence website for children and young people)
- good practice guidance and model policies
- research, training and consultancy

²³ While it includes many of the same learning objectives, Victim Support's training 'Supporting victims of domestic violence' is not designed to prepare participants for the role of IDVA.

²⁴ Further details on www.womensaid.org.uk or from info@womensaid.org.uk

- leaflets, posters, a monthly newsletter and ‘**safe**’ – the domestic abuse quarterly.

Links between IDVAs and specialist refuge, resettlement and outreach domestic violence services

IDVAs are risk focused. This means that some victims will not need the IDVA service but will need to be referred to other specialist agencies. Local domestic violence services can offer emotional support and practical help with all aspects of legal, welfare, housing and financial matters.

IDVAs should identify and assess existing local provision for victims of DV and build on what already exists in the voluntary sector. IDVAs should link, where possible, with other local DV services and refuges that provide a place of safety and on-going support, including individual and/or group support, and those that respond to children's specific needs.

Refuge services

Refuge services (such as those provided by Women’s Aid and Refuge) are not just temporary accommodation but can offer a unique national network of safe accommodation, specialist help and support for women and children experiencing domestic violence. Women and their children 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 to ensure ongoing access to refuges for survivors that need this crucial emergency support service. A refuge is the basic building block of provision - safe emergency accommodation with dedicated support and advocacy is one of the most vital needs of women and children escaping violence. Refuge workers also assess and manage risk and aim to increase the safety of women and children experiencing domestic violence.

Women experiencing domestic violence 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.

Services for women - Refuges provide support, information, practical help, individual and institutional advocacy for survivors’ rights and entitlements with local statutory services including schools, housing departments, benefits agency, health services, solicitors, social services, immigration services and the justice system. Specialist refuges are available for women and children from Black and minority communities, including Asian, African, Jewish and Latin American, communities.

Services for children - Refuges provide the only national network of dedicated support services for children and young people who have experienced domestic violence. These services for children and young people may include individual support, therapeutic play, advocacy, group work, parenting support for mothers, play sessions and childcare.

²⁵ See www.womensaid.org.uk

Resettlement and floating support services

Resettlement services aim to help women and children move on from refuges or other temporary accommodation, once they are re-housed in the local community. The service can be provided for a few weeks or months, depending on the needs of the survivor and children, and involves advocating for access to benefits, schools, health services, legal protection, and providing practical help and emotional support throughout the process of resettlement.

Floating support services are housing-related domestic violence support services for survivors of domestic violence, and are provided whilst staying in local authority temporary accommodation, in their own homes or after being re-housed following domestic violence.

Outreach services

Local domestic violence services aim to provide a range of community-based support and advocacy for women and children, which may include advice centres, drop-in services, support in schools and youth services, counselling services, and group support for women and children in the community.

Victim Support is the independent charity which helps people cope with the effects of crime, providing free and confidential support and information to help victims of crime deal with their experience. 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. A core part of Victim Support's service is to provide information and refer victims on to specialist services where appropriate.

Component 5: Trained and dedicated criminal justice staff

The training of staff from all agencies in the specialised nature of DV was identified as an important element of the success of the pilot SDVCs. This contributed to a greater awareness of the dynamics of DV, the approach needed to support victims and the importance of effective evidence-gathering.

Training should be on a rolling basis and designed to increase each agency's understanding of the others' roles, as well as 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 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

Central Government has funded a number of central 'products' that will be allocated to provide SDVCs with access to the following:

- MARAC training (see Component 2)
- Co-ordinated Response and Advocacy Resource Group (CRARG) training for IDVAs (see Component 4)
- access to funding (via the Tackling Violent Crime Programme) for training of police communications staff in providing an effective response to DV calls
- dissemination of the Judicial Studies Board (JSB) training pack for magistrates: "DV: An Ordinary Crime?"

Police training

All Police forces have received the Centrex "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 National Centre for Policing Excellence (NCPE). 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 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 domestic violence, 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 Dianne Coombs at dianne.coombs@centrex.pnn.police.uk

Any queries about the Centrex training should be directed to Kamni Missra at Kamni.misra@centrex.pnn.police.uk

Any queries about Module 8 of the Centrex training should be directed to Funmi Okubajo at funmi.okubajo@cps.gsi.gov.uk

CPS training

Prosecutors in areas where specialist courts have been selected have been requested to train prosecutors working in the courts by March 2006, using Module 1 (Understanding Domestic Violence) and Module 8 (Prosecuting Domestic Violence) of the CENTREX modular training programme.

Her Majesty's Courts Service

All areas have received a DV training package: "Domestic Violence – An Ordinary Crime?" issued by the Judicial Studies Board (JSB). 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 advisors have completed this training.

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

Good practice example:

In one area where the JSB pack was used to train magistrates and legal advisors, 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 using a national DV training package associated with the implementation of accredited domestic violence programmes. This includes:

- 2 days DV awareness training for front line staff and partner agencies, plus
- role specific training for report writers, 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.

Component 6: Court listing considerations

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 of overall workload at court, and availability of specialist staff from other agencies.

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

Whilst 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 Advisor have received the training.

Options may include:

- **cluster cases** in a court session either for local justice area or a wider than usual area
- **fast-track cases** in terms of either first hearing, Pre-trial reviews (PTRs), abridged trial dates etc
- **other listing considerations** e.g. single rather than double list DV trials; morning trials only to accommodate child care and the school run, applications to vary bail only 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 trials are fast-tracked to trial. All agencies work towards a trial date of within 6 weeks of entering a not guilty plea.

Where it is proposed that changes be made to listing arrangements, the consultation procedure, detailed in the HMCS Protocol for Dedicated Court Lists in the Magistrates' Courts, issued on 30th September 2005, will be applicable.

Any queries can be made to Olwen Kershaw on olwen.kershaw@hmcourts-service.gsi.gov.uk

Component 7: Equality and diversity issues

SDVCs need to address good practice in relation to a range of equality and diversity issues covering ethnicity, gender, disability, sexuality and age.

SDVCs should implement the following best practice for BME victims:

- 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 advisor 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 advisors 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.

Further details on working with BME communities; male victims and victims from LGBT communities are at Annex 1.

A key aspect of the SDVCs is the diversity monitoring of DV cases – ethnicity, gender and where possible disability, age, sexuality – by police, CPS, IDVAs and courts.

Component 8: Data collection and monitoring

There are five key sources of quantitative data to monitor the SDVCs. These are existing data collected by the:

- Police
- CPS
- Probation

Also, where possible:

- Courts
- Specialist DV support agencies

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.

CPS COMPASS data²⁶

The majority of monitoring required for the SDVCs will be carried out through the CPS data collection systems. Domestic violence is already flagged on COMPASS and nationally, CPS HQ has been investigating the easiest way for COMPASS to identify not only whether it is a domestic violence case, but also which SDVC is handling the case. It is planned that, from the end of March 2006, CPS prosecutors will be able to flag whether a domestic violence case is a "specialist court" into the COMPASS case management and witness management systems.

However in areas where there is more than one SDVC, and to ensure the facility for future courts beyond those already planned, CPS HQ need to be able to identify the case referral pathway from the police and CPS²⁷.

Once the case referral pathways are established and the flag installed onto COMPASS a template will be devised centrally to enable the national or local running of COMPASS reports to produce the minimum data set required.

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.

²⁶ The Crown Prosecution Service's Case Management System and Witness Management System.

²⁷ An exercise is currently being carried out with all Specialist DV Courts to establish the feasibility of this, for example: if all the flagged DV cases from one Police Basic Command Unit (BCU) go to the SDVC then this could help us distinguish them from another court in the Area which receives cases from a different BCU by using the URN specific numbers. Likewise if one CPS Criminal Justice Unit (CJU) refers to only one local SDVC that would help us identify the cases easily.

Court data

As there is no flagging system for DV within court data collection systems, data which will be key to the SDVC (i.e. types of sentencing for DV cases) cannot be automatically produced. Local arrangements may need to be set up to gather and compile this data regularly.

Specialist DV support services

SDVCs may wish to gather data directly from specialist support services, especially in relation to victim safety, support and satisfaction.

Support in the development of local data collection systems

As the majority of the data will be collected from COMPASS, a CPS briefing will be prepared for all Areas on the use of the new specialist DV court flag and the production of reports, using the nationally provided template. CPS HQ will create national and local Monthly Information Support (MIS) report templates, accessible to MIS license holders in the Areas. If CPS staff in Areas would like to discuss this further they can do so by phone or, if an Area would prefer, a member of staff could visit to discuss the local situation. CPS DV Co-ordinators should let the Home Office lead know their preferences.

As far as is possible, data will be collected at a national level to inform the national steering group for the Programme. For police, probation, specialist DV services and courts, we anticipate providing easy-to-use report templates to minimise the burden locally.

It is recommended that one lead person is identified locally as being responsible for the data collection (and the identification and tracking of cases – see Component 3 Identification of cases) and the presentation of data to the local governing body of the SDVC to enable progress to be monitored, in a timely way, at a local level.

It is planned to draw up a basic format for:

- the CPS data – a report from COMPASS (local MIS and national MIS report formats to be confirmed)
- the additional data from the Police, Probation and courts
- reports to the steering group.

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.

Reports

- the SDVC Steering Group in Central Government will receive quarterly data on the SDVCs from COMPASS, starting from the end of Q1 2006/7 (April – June data)
- it is suggested that data is reported monthly²⁸/quarterly at a local level and the local SDVC governing body should use the data at their regular meetings to inform planning and progress

Who will collate the local data to inform the SDVC?

It is suggested that there be one lead person locally who is responsible for identifying, tracking and collating the data from the police, CPS, courts (and any additional data sources). Arrangements will be needed to compile data into reports for the SDVC governing body on a regular basis.

What should the reports contain?

The minimum data suggested for reporting on the SDVC is as follows:

Police

- police numbers of incident, number of crimes and number of arrests
- repeat victimisation rate for those cases reviewed by the MARAC.

CPS²⁹

The following has been agreed nationally:

- breakdown of defendants by gender and ethnicity
- total number of offenders charged
- number and type of successful DV outcomes
- types of completion (withdrawal, discontinued, cautions, bindovers, acquitted etc.)
- number and types of offences classified as DV cases
- percentage of witness retractions in relation to unsuccessful outcomes
- percentage of witnesses non-attending in relation to unsuccessful outcomes
- percentage of bindovers
- percentage of cases where no evidence was offered.

Victim-based data from Witness Management System (WMS)

Access to this data is being negotiated nationally.

Provision of the data below from the WMS (broken down by victim gender and ethnicity). The number of cases³⁰:

²⁸ Monthly data would only be available after Q1 2006/07

²⁹ Defendant based data from CMS/Management Information System (MIS)

³⁰ Cases in this section refers to the victim case rather than the defendant case

- with substantive charge alteration
- where victim is required to attend/number attended
- with victim summons
- where Victim Personal Statement is offered/taken
- where referral to agency is offered/made
- where pre-trial court visit is offered/made
- where victim is identified as vulnerable/intimidated
- where special measures are applied for/granted
- where other support is offered/provided e.g. childcare, transport.

Courts

Data collection may need to be manual – local arrangements may need to be set up to gather and compile this data regularly.

- Types of sentences.

Probation

Data collection would need to be manual – local arrangements may need to be set up to gather and compile this data regularly

- Number of offenders with accredited DV programme requirement made
- Number of offenders released from custody with accredited DV programme requirement on license
- Number of offenders starting perpetrator programmes
- Number of offenders completing programme
- Average length of time from date of sentence to start on core group work programme.

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

Good practice example:

West London Magistrates Court provides spread sheets of all cases flagged as Domestic Violence for Standing Together's Data Officer to collate, analyse and present reports to the Specialist DV Court Management Group.

Good practice example:

Standing Together Against Domestic Violence has regularly consulted with groups of victims of domestic violence regarding their experiences of the CJS. The reports from 2001 to 2005 are available at www.standingtogether.org.uk

Additional data collection

The points above outline the processes that are being planned for the collection of the 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 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.

From administrator from CPS data:

- number of late guilty pleas
- bail /remand - percentage of unconditional bail, conditional bail and remands in custody
- types of bail conditions.

From support services for victims, e.g. IDVAs:

Annex 7 provides detail from CRARG on monitoring and data collection for IDVA services. CRARG can also provide further details on data collection by support services.

- analysis of number of referrals, source of referral by agency and risk profile of referrals including the percentage of high risk referrals
- analysis of risk profile of referral broken down by referring agency
- percentage of clients who engage with the service
- percentage of clients who are supported through the court process
- percentage of clients seeking support with civil injunctions
- percentage of cases referred to MARAC
- analysis of safety outcomes and reduction in risk
- more detailed profile of victim, additional needs, BME, immigration, children etc.

From voluntary sector perpetrator programmes:

- data on referral to, attendance on programme, including time waiting for place, attendance, completion.

Evaluation

If local areas wish 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
- local Witness Care Units could be requested to include DV victims in their satisfaction questionnaires.

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

Information-sharing

See Component 1.

Once data is shared the analysis presented to the steering group should be anonymised.

Component 9: Court facilities

Court facilities can play an important role in improving the court experience for victims of domestic violence. In the pilot courts, 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
- separate waiting facilities within or outside the courthouse.

Separate facilities are currently being rolled out to the majority of Crown and Magistrates' courts where practicable. There is a Government target for all Crown Courts and 90% of Magistrates' Courts to have separate facilities by 2008.

There is currently a £3m investment programme to improve accommodation facilities at courts for victims and witnesses this financial year (April 2005 - March 2006). Funding is also being provided to every Crown and Magistrates' Court specifically for improving facilities for child witnesses.

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 specialist 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:

'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

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.

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).
- applications for special measures are made by the CPS. Crown Prosecutors are required to make appropriate applications (Victim's Code commitment 7.8)
- 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.)

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

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

Component 10: Children's services

"A least 750,000 children a year witness domestic violence. Nearly three quarters of children on the 'at risk' register live in households where domestic violence occurs" (Department of Health, 2002).

From 2005, the legal definition of 'significant harm' to children was extended to include the impairment suffered by seeing or hearing the ill-treatment of another, particularly in the home, even though they themselves have not been directly assaulted or abused.

Research evidence suggests that children exposed to DV can be negatively affected in every aspect of their functioning, health, safety, school attendance and achievement, economic well-being and emotional development. In the most extreme cases children are at risk of serious injury or death.

Supporting the non-abusing parent is usually the most effective way of reducing risks to a child. Research into the needs of children affected by DV has found that their two primary needs are to be safe and to have someone to talk to.³³ Children want to be listened to, to be taken seriously, told what is going on and involved in decisions.

With the implementation of the Children Act 2004, the leadership responsibility for children experiencing DV now lies firmly with the Director and Lead Member for Children's Services and Local Children's Safeguarding Boards.

Good practice example:

Vision for services for children and young people affected by domestic violence: In October 2005, the LGA, ADSS, Women's Aid and CAF/CASS published commissioning guidance for Directors of Children's Services and Local Children's Safeguarding Boards. It provides a framework to ensure that the range of different needs that children/young people experience in relation to DV are identified and addressed. It uses the tiers of intervention and brings together evidence from research, with best practice in the delivery of mainstream services but also highlights the specialist services to which children need access: www.lga.gov.uk

Good practice example:

The Hideout: Women's Aid has developed a national DV website for children and young people. The website informs children and young people about DV, helps them to identify whether it is happening in their own home and signposts them to additional support and information. The site is available at: www.thehideout.org.uk

³³ Mullender et al, 2002

Good practice example:

The UK Gold Book: the UK Gold Book is the UK guide to refuge and domestic abuse services for women and **children**. It can be bought from Women's Aid for £25. Call Women's Aid on 0117 944 4411 for an order form or look on their website at: <http://www.womensaid.org.uk/>

Good practice example:

Cheshire County Council: in response to consultation with survivors, the Cheshire Domestic Abuse Partnership (CDAP) and the Children Fund developed multi-agency work to provide children's workers in all refuges, a countywide outreach service and therapeutic group work programmes for children and their abused parent, co-ordinated by NSPCC. Innovative drama and dance projects in schools led to the establishment of a Domestic Abuse Family Liaison Team to provide PSHE input as well as support to schools and families. All of this has been evidenced by outcomes monitoring, predating but reflecting Every Child Matters priorities. For more detail visit www.cheshire.gov.uk/domesticabuse

Good practice example:

Sutton: the London Borough of Sutton provides a community group treatment programme to children (and their mothers) that have been exposed to DV. The programme offers an opportunity for children to start to recover and heal from their experiences.

Prevention work

Research into the attitudes of children and young people demonstrates the need for preventative work to start early. A large study, involving 2,039 14-21 year olds in Scotland and the North West of England, revealed that almost half the young men and a third of the young women could envisage circumstances in which they thought it would be acceptable for a man to hit his female partner.

Children in court

In relation to children in court, consideration needs to be given to:

- rights of child victims and witnesses and the new Victims Code of Conduct and Prosecutor's Pledge
- applying to use those special measures³⁴ available to children under 17 years.

³⁴ 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, and, screens to prevent a witness who is in court from seeing the defendant.

CPS policies

- The **Children's Charter** sets out the support that should be made available to child witnesses, before, during and after hearings. This includes pre-court preparation and the role of the Witness Care Unit
- CPS Policy for Prosecuting Cases of Domestic Violence: the safety and welfare of children in the household will be taken into account in decisions taken about a case, including the likely effect of prosecuting on the victim and children. The importance of the safety of children is emphasised
- consideration of children giving evidence needs to be addressed sensitively, as outlined in CENTREX/CPS training guidance
- CPS Domestic Violence Good Practice Guidance advises the consideration of specialist support services needed by child victims or witnesses.

Consideration also needs to be given to maintaining a record of children in cases using COMPASS to enable cross flagging to:

- child abuse and domestic violence in cases with child victims
- youth offender and domestic violence in cases with Under 18 perpetrators
- all above flags in cases with Under 18 victims and perpetrators.

See also Component 3 on flagging of DV cases.

Good practice example:

Guidelines on considering the links between DV and bullying when developing an anti-bullying initiative contain a wealth of useful information. They outline why schools should address domestic violence and examine model responses. The guidelines contain a list of practical teaching resources on domestic violence for use by schools and provide an outline children's safety plan that can be adapted according to specific circumstances. www.crimereduction.gov.uk/dv08e.pdf

Good practice example:

Every Child Matters Change for Children: is the government's approach to the well-being of children and young people from birth to age 19. Guidance and resources are available at: www.everychildmatters.gov.uk

Good practice example:

Westminster Domestic Violence Forum: the Westminster Domestic Violence Forum has developed domestic violence materials for use in primary and secondary schools. www.westminsterdomesticviolenceforum.org.uk

Bridging the gap between adult and children's services

Service design needs to address the impact of the domestic violence on the ability of the non-abusing parent to provide safe care for their children. Supporting the non-abusing parent is recognised as likely to be the most effective way of promoting the child's welfare. Services should focus on increasing safety for both the child and the non-abusing parent. Removing a child from the non-abusing parent due to 'failure to protect' should only be done in extreme circumstances when there is no other way of ensuring the child's safety and never used as a 'threat' to 'force' the victim to leave.

Whose responsibility is the welfare of children affected by DV?

Until now no-one has had overall responsibility for the safety and welfare of children affected by DV. But with the Children Act 2004, the leadership role of the Director of Children's Services covers all children in their locality, and it is difficult to see how the five outcomes for children can be achieved without a comprehensive focus on preventing and reducing the harm DV causes to children caught up in it. Safeguarding Children Boards will need to take a much more wide-ranging view of DV.

How can the needs of children/young people experiencing DV be addressed within the new structures for children's services?

At present, the impact of DV is not routinely understood and embedded in thinking and planning around the implementation of the Children Act 2004. Equally, CDRPs and DV fora may have limited involvement with statutory children's services and no clear relationship with the Children's Strategic Partnership. These agendas must be linked. It is important that DV is mainstreamed and integrated throughout the children's agenda. It is the responsibility of local planners and commissioners to get this onto the children's agenda. Improving co-ordination is timely given the wide ranging reforms to children's services currently underway. New guidance and the inclusion of a domestic violence target in the Outcomes Framework for Every Child Matters ("*Children affected by domestic violence are identified, protected and supported*") provide opportunities, but only if acted on locally and adequately resourced.

Component 11: Community-based perpetrator programmes

The core focus of interventions with DV perpetrators should always be the safety of those at risk from their violence and abuse – predominantly women and children.

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

The effectiveness of DV perpetrator programmes has been a source of controversy for some years. In England and Wales, and internationally, research into their effectiveness has measured “success” in many different ways and has shown mixed results. Many people now agree that useful guidance has been provided through the research of Edward Gondolf³⁵. This emphasises the importance of the “group work” being part of a wider system with victim safety at the centre, screening of perpetrators for suitability, interagency working, access for the known victims of men accepted on to the programme to appropriate services and clear consequences for the man if he fails to comply with court orders, e.g. prompt return to court for men under the supervision of the probation service. The access to provision for substance misuse treatment is also thought to be beneficial.

Programmes within the Criminal Justice System

Programmes for suitable male perpetrators currently supervised by the probation service are provided throughout the National Probation Service in England and Wales and, on a limited basis, in some prisons. Programmes accredited by the Correctional Services Accreditation Panel (CSAP)³⁶ have replaced locally-developed programmes which some local probation areas had previously been delivering:

- the CSAP’s rigorous approval process has accredited one programme for use in custodial settings: the Healthy Relationships Programme (HRP), delivered in a moderate or high intensity
- two programmes have been accredited by CSAP for delivery in the community as a requirement of a community sentence or on release on licence from a custodial sentence:
 - Integrated Domestic Abuse Programme (IDAP)
 - Community Domestic Violence Programme (CDVP).

The local probation service will know which one is operating in their area.

These programmes include:

- interagency risk assessment and risk management
- contact with the known victims and current partners of men on the programme to advise about the programme, realistic expectations, and to encourage contact with local resources for long-term support

³⁵ Gondolf, E. *Batterer Intervention Systems* (2002)

³⁶ 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

- proactive management of the case by the Probation Officer including a prompt return to court for lack of compliance
- attendance at a 26 or 27 session group work programmes.

Implementation and delivery of these programmes is strictly monitored to ensure ongoing compliance with accreditation criteria.

The probation service supervises a wide range of convicted offenders under individual sentence plans developed to address the range of factors which may indicate a risk of further offending. In domestic violence cases a range of interventions may be part of the sentence plan and, where appropriate, will include the accredited programme. The risk posed by offenders who are not suitable for the programmes will be addressed through the wider sentence plan.

Programmes outside the Criminal Justice System

There are community-based perpetrator programmes being run outside the CJS. Work is currently underway with Respect to develop national standards for these programmes.

Developing a framework of principles and standards for programmes outside the CJS

Respect has been funded by the Home Office and Lankelly Chase to develop accreditation for non-criminal justice sector perpetrator programmes and associated support services. 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'.

Do perpetrator programmes work?

This is a complex issue. As well as having the potential to increase safety, perpetrator programmes - both within the CJS and in the community - also have the potential to raise the risk. Potential risks of running perpetrator programmes can be found at Annex 10.

Ways that perpetrator programmes can increase safety:

1. Changing their behaviour

Perpetrator programmes cannot 'cure' violent perpetrators or guarantee dramatic transformation, as behavioural change is a long and complex process. However, research³⁷ demonstrates that, of perpetrators who complete an effective DV programme:

- some will stop their physical violence and significantly reduce their abusive and controlling behaviour
- the majority will stop their violence but maintain some level of abusive and controlling behaviour
- some will continue their violence.

³⁷ Dobash & Dobash 1996; Burton et al 1998; Gondolf 2002

Although not all perpetrators will end their abuse, effective DV perpetrator programmes can reduce dangerousness.

2. Monitoring men and holding them to account

When men regularly attend a perpetrator programme, their behaviour is under scrutiny. As well as following a curriculum of material designed to help them stop their violence, programmes require men to disclose any violence or abuse they have used during the last week.

To assess risk, perpetrator workers can use:

- men's disclosure and/or changes in how they behave in the group
- men's use of blame, minimisation and denial
- information from the man's (ex)partner (which should be treated with care to ensure that her safety and/or confidentiality are not compromised)
- information from other professionals, such as the police or social workers.

The fact that perpetrator workers are focussing on men and holding them to account on a week-to-week basis about their behaviour towards their (ex)partner and children can mean that risk factors are picked up and acted upon more quickly.

3. Supporting women partners and ex-partners

Perpetrator programmes are worthwhile because they are successful in changing the behaviour of some men. However, they can also raise the risk as outlined above. Therefore, perpetrator programmes should never be run in isolation. They should always be integrated with specialist, pro-active, associated support services. Ideally they should also be integrated with specialist associated children's services as well.

These services can help off-set some of the risks mentioned above by helping victims to:

- develop realistic expectations about their partner's behaviour-change
- monitor the degree to which their partner is changing and make decisions accordingly
- assess risk and safety plan.

The perpetrator programme and associated victim support services should be integrated and work hand-in-hand, sharing information in order to increase safety.

Research in the USA³⁸ has found that 'program outcomes appear to be substantially influenced by how well the police, the courts, probation, victim support services and other community services all work together'. Therefore perpetrator programmes and associated support services should be actively involved in local fora which promote co-ordinated community responses to domestic violence, such as CDRPs, Domestic Violence fora and any specific local initiatives.

³⁸ Gondolf, E. Batterer Intervention Systems (2002) p 23

Availability of programmes

All probation areas covering SDVCs are running a DV perpetrator programme. Suitable convicted offenders can be required to attend one of these programmes as part of their community sentence or on release from license.

In relation to outside of the CJS, not every area in the UK has a voluntary referral perpetrator programme and associated support service. The Respect Phone line³⁹ 0845 122 8609 provides information on local programmes and offers advice on best practice for professionals who come into contact directly or indirectly with domestic violence perpetrators, as well as providing a service for perpetrators themselves.

³⁹ The Respect Phone line is funded by the Home Office and is open Monday and Friday 10am to 1pm and 2pm to 5pm, Tuesday and Wednesday 10am to 1pm and 2pm to 8pm.

Annex 1: Diversity issues to consider when tackling domestic violence (DV) and associated support services

Black and minority ethnic victims of DV

Barriers to escaping DV for black and minority ethnic (BME) 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. Barriers may include religious and cultural pressures, such as notions of shame and family honour or dishonour, lack of English or language problems, ignorance of rights and services, and fear of removal or deportation.

It is difficult for most women to leave abusive situations, but experience of specialist BME women's 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.

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 various BME communities:

- **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:** domestic violence or other forms of violence against women perpetrated in the name of religious and cultural notions of 'family honour'.

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 250 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 domestic violence

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, domestic violence 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 women 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 domestic violence
- 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 website⁴⁰ 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.

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. But there are no mainstream services in the UK for LGBT people experiencing DV.

Lesbians fleeing DV may face homophobia in women's refuges. Gay men fleeing DV from partners and families have access to only eighteen beds in the whole of England and no provision in the rest of the UK. Transgender men have absolutely nowhere to go.

With the introduction of the Gender Recognition Act 2005, transgender women now have the right to access refuges. Yet for transgender women fleeing domestic violence, 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 people coming out to homophobic and transphobic families are forced onto the streets, into dangerous situations and relationships.

Broken Rainbow (UK)⁴¹ 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.

⁴⁰ www.mensadviceline.org.uk (currently under construction)

⁴¹ 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

Abuse of Older Survivors and Elder Abuse⁴²

The abuse of older women follows many patterns that are familiar to domestic abuse between intimate partners. But older people are also abused by 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 |
|---|--|
| Emotional <ul style="list-style-type: none"> ➤ 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 ➤ Pressured to sign over property or hand over control of finances ➤ Forgery | Signatures on cheques that do not match Sudden changes in bank accounts Abrupt changes to will Unexplained sudden transfer of assets to family member, changes in bank accounts, or disappearance of funds or valuable possessions Unpaid bills when older person is solvent or someone else is supposed to be paying the bills Unusual concern by someone about amount of money spent on care of the older person Lack of amenities that older person should be able to afford Deliberate isolation of older person from friends and family, resulting in the caregiver alone having total control |
| Neglect <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 | Rashes, sores or lice Inadequate clothing Malnourishment or dehydration Untreated medical condition Poor personal hygiene Withholding medication or over-medication Lack of assistance with eating or drinking Unsanitary or unclean conditions |

⁴² CRARG training handout on survivors with and elderly survivors

| adequate care/help | |
|--------------------|--|
| Physical | Cuts, lacerations, puncture wounds, bruises, black eyes, burns, broken bones Untreated injuries in various stages of healing Poor hygiene or skin condition Dehydration or malnourishment without illness-related cause Loss of weight Broken eyeglasses/frames, physical signs of being subjected to punishment, or signs of being restrained Too quick or too slow use of medication |
| Sexual | Bruising in genital area Unexplained venereal disease or genital infections Unexplained vaginal or anal bleeding Torn, stained or bloody underclothing |

Barriers to accessing help

- Woman may have become accustomed to the abuse and have entrenched coping mechanisms
- Old-fashioned view of abuse: his right, keep problems in the family
- Low expectations: may have sought help before and no one was interested
- Desire to obtain services for their abusers rather than themselves
- May value stability, i.e. the status quo, over safety
- May have difficulty imagining an independent life
- 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
 - Fed up
 - Still angry about not being protected from it when younger
 - They can still be fearful of father
 - 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 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
- Police: if he is physically vulnerable, they may not hold him in cells overnight
- Refuges: older women can love them or hate them. Some feel that they do not want to be in an environment with lots of young children.
- Unless serious risk, other services 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
- Inexperienced or non-specialist practitioners (e.g. the police) do not have an understanding of financial forms of deception and can ignore or show little interest in it
- 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 because 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 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 your 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 Disabilities⁴³

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

Nature of abuse

| | |
|-------------------------|--|
| Emotional/psychological | <p>Threats</p> <ul style="list-style-type: none"> ➤ To withdraw care ➤ To put in institutional care ➤ To take children ➤ To damage/withdraw/deny disability aids <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 and anal penetration</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> |

⁴³ CRARG training handout on survivors with disabilities

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.
- 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

Practice points for Advocates

- Involve Social Services, Vulnerable Adults team, with consent
- Social services often book appointments with the carer. You might suggest that they make an unannounced visit.
- Try to talk to client alone. This must be done in a way that is safe. For example, you might visit with the social worker so that one can engage the carer/abuser while the other talks to the survivor
- Look for a pattern of abuse rather than jumping to conclusions. Ex: a client's husband did not want a wheelchair lift put in the house because he didn't want the house to become "a shrine to disability". This could be a sign of abuse (denying access to services), but it could also be an expression of the frustrations of a carer whose world has become focussed on his partner's disability
- Train professional carers, social services, and other organisations that go into homes regularly to see abusive patterns
- A mobile phone might allow client to make contact in the moments that she is alone.
- Respite care is a usual practice – gives a chance to the services to evaluate the survivor on her own without raising suspicions. This will need to be organised through social services.

Annex 2: Useful resources for local IDVAs and DV services

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

The Helpline service provides emotional and practical support and information to women and children experiencing domestic violence, 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 domestic violence 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 domestic violence 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 survivors handbook, an A-Z of domestic violence services and a range of resources for survivors, professionals and the public on domestic violence. Leaflets are also available in Braille, on tape and in large print. Posters on domestic violence, mental health and substance misuse have also been produced nationally. Women's Aid also produces a directory of domestic violence 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 domestic violence, agencies and relevant professionals to locate appropriate services with ease and efficiency. *The UK Gold Book* provides comprehensive information about the range of domestic abuse 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, provides the only national website offering help and support for children and young people who are living with domestic violence. The Hideout is the first national website for children and young people to inform about domestic violence 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 domestic violence 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 accommodation and support to women and children escaping domestic violence. Refuge provides a national lifeline for thousands of women and children, and provides safe, emergency accommodation through a growing network of refuges throughout the country. Refuge offers individual and group counselling for abused women and children, and community-based outreach services for women, including specialist services for minority ethnic communities.

Refuge also runs media and advertising campaigns to raise public awareness nationally and internationally, whilst campaigning and lobbying for better provision for women and children experiencing domestic violence. For general enquiries call: 020 7395 7700.

The Co-ordinated Response and Advocacy Resource Group (CRARG)
www.crarg.org.uk

The Co-ordinated Response and Advocacy Resource Group (CRARG) works with diverse groups of agencies to help survivors of domestic violence, both male and female. CRARG provides resources for information relating to the planning and provision of a co-ordinated response to domestic violence, with a particular focus on the work of direct advocates. CRARG also provides detailed training seminars for groups seeking to implement this work and supports the fund-raising efforts of existing charities working in this way, and those looking to expand in a similar fashion.

Welsh Women's Aid www.welshwomensaid.org.

Welsh Women's Aid is the leading provider of services aimed specifically at helping vulnerable women and children who are experiencing domestic violence and abuse in Wales. Welsh Women's Aid is the national umbrella organisation of 34 local Women's Aid Groups situated throughout Wales. Wales Domestic Abuse Confidential Helpline - 08 08 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 3: The role of agencies in overcoming barriers for BME victims

Bad practice examples among responses to BME 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, BME victims may be referred to:

- specialist BME women's organisations (where available)
- properly qualified and reputable immigration solicitors or advisors should be referred to, for those with an insecure immigration status. Where required, the advisor 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 domestic violence support organisations to seek protection from domestic violence and avoid homelessness and destitution.

Annex 4: BME-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 provides information, training and support to Asian women's refuge services. It does not offer a direct service to victims of domestic violence, but can be contacted for more information and training on the issue of Asian women and domestic violence. Tel: 020 7434 9945 (9.30am-5.30pm, Mon-Fri). www.imkaan.org.uk

DIVA

This group is based in Newcastle upon Tyne providing training and policy initiatives on domestic violence. Tel: 0191 272 7233. www.domesticviolence.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 freephone National Child Protection Helpline (24 hours) and Tel: 0800 096 7719 freephone 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)

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

National Asylum Support Service (NASS)

NASS provides housing and financial support for people who have made an application to the Home Office for asylum or on human rights grounds. The Home Office can direct the applicant to their local agency to access NASS 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 NASS 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 NASS financial support. Local phone book contains details of the local Refugee Council or call 020 7346 6700 for the London Refugee Council (9am-5.30pm, Mon-Fri) or London 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 (10am-5pm, 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). Also open some Sundays.

www.kalayaan.org.uk

BME-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.

Annex 5: Services for male victims of DV

Men's Advice Line & Enquiries (MALE)⁴⁴

MALE provides sign-posting for any male victims of domestic abuse, irrespective of sexuality. Advice and support to individuals and relatives as well as to professionals. MALE also receives calls from male perpetrators who are signposted to Respect (see Component 11) or local programmes that comply to Respect's Minimum Standards and Principles. MALE works closely with Broken Rainbow, Respect, Women's Aid and Refuge.

Other services for men

National Services:

Broken Rainbow provides specialist support and advice for gay, bisexual and transgender victims (see LGBT section).

Local services:

The Gemini Project has three bed spaces for men, with or without children.

The Dyn Project, based at the Women's Safety Unit in Cardiff, supports gay, bisexual and transgender men primarily, but also heterosexual men. Tel 02920 226622

The Sunflower Centre in Northampton provides advice and support to men locally. Tel 01604 233684

⁴⁴ Helpline Number: 0845 064 6800, Office: 01242 580984, Fax: 01242 580915, www.mensadvice.org.uk (from end January 2006 with ongoing development)

Annex 6: CPS Compass data tables

Table 1: Defendant outcomes by gender

Q3 2005 - 06: Domestic Violence Defendants Outcomes by BCU

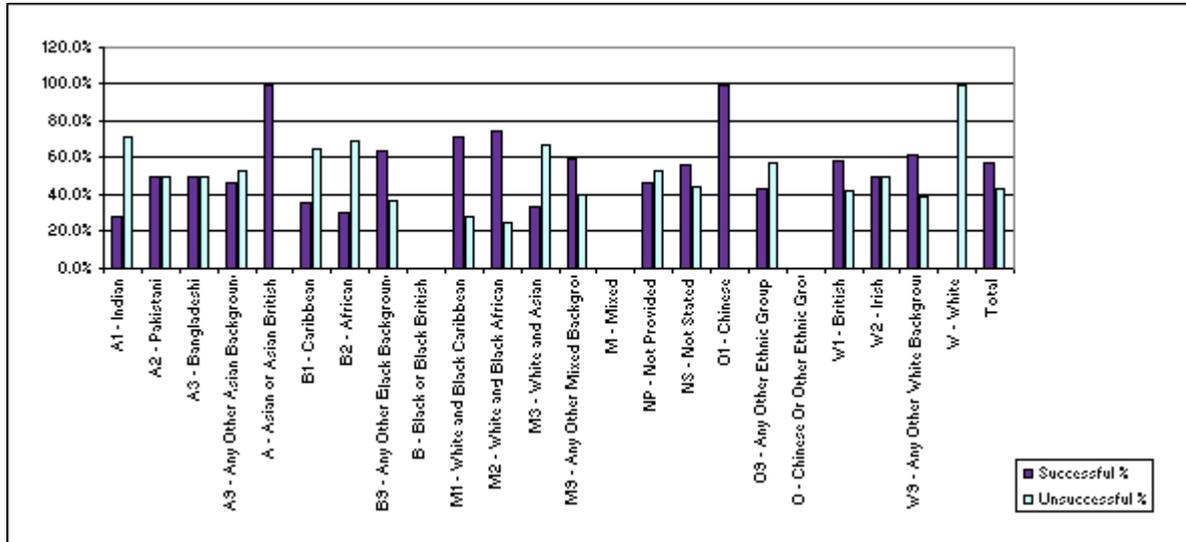
42 Areas

| | Female | | Male | | N/S | | Total | |
|--|-----------|---------------|-------------|---------------|----------|---|-------------|---------------|
| | No | % | No | % | No | % | No | % |
| Admin finalised | 1 | 1.1% | 24 | 1.6% | 0 | | 25 | 1.5% |
| Discharged committal | 0 | 0.0% | 1 | 0.1% | 0 | | 1 | 0.1% |
| Discontinued inc withdrawn <i>of which</i> | 34 | 38.6% | 555 | 36.1% | 0 | | 589 | 36.3% |
| <i>Discontinued</i> | 9 | 10.2% | 219 | 14.3% | 0 | | 228 | 14.0% |
| <i>Indictment Stayed</i> | 0 | 0.0% | 0 | 0.0% | 0 | | 0 | 0.0% |
| <i>Lie on file</i> | 0 | 0.0% | 3 | 0.2% | 0 | | 3 | 0.2% |
| <i>Offered no evidence</i> | 10 | 11.4% | 235 | 15.3% | 0 | | 245 | 15.1% |
| <i>Prosecution Stayed</i> | 0 | 0.0% | 0 | 0.0% | 0 | | 0 | 0.0% |
| <i>Withdrawn</i> | 15 | 17.0% | 98 | 6.4% | 0 | | 113 | 7.0% |
| Dismissed after full trial | 2 | 2.3% | 64 | 4.2% | 0 | | 66 | 4.1% |
| Dismissed no case to answer | 0 | 0.0% | 5 | 0.3% | 0 | | 5 | 0.3% |
| Judge directed acquittal | 1 | 1.1% | 6 | 0.4% | 0 | | 7 | 0.4% |
| Jury acquittal | 2 | 2.3% | 5 | 0.3% | 0 | | 7 | 0.4% |
| Total Unsuccessful | 40 | 45.5% | 660 | 43.0% | 0 | | 700 | 43.1% |
| Guilty plea | 39 | 44.3% | 780 | 50.8% | 0 | | 819 | 50.4% |
| Guilty verdict | 9 | 10.2% | 94 | 6.1% | 0 | | 103 | 6.3% |
| Proved in absence | 0 | 0.0% | 2 | 0.1% | 0 | | 2 | 0.1% |
| Total Successful | 48 | 54.5% | 876 | 57.0% | 0 | | 924 | 56.9% |
| Total Outcomes | 88 | 100.0% | 1536 | 100.0% | 0 | | 1624 | 100.0% |

Table 2: Defendants Ethnicity

Q3 2005 - 06: Domestic Violence Defendants Ethnicity by BCU

42 Areas

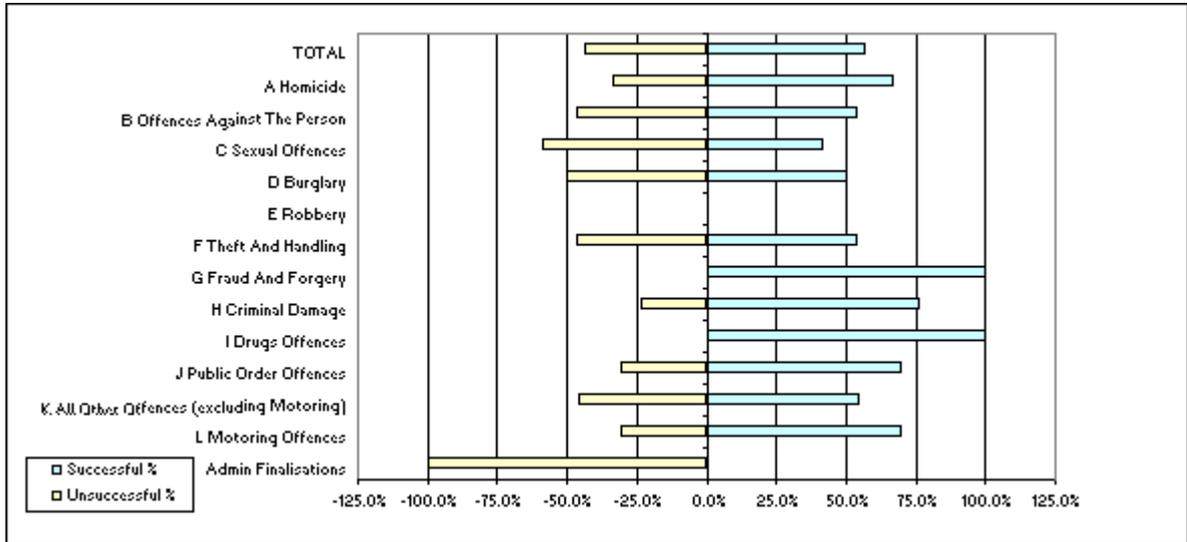


| | Successful | | Unsuccessful | |
|-----------------------------------|------------|--------------|--------------|--------------|
| | No | % | No | % |
| A1 - Indian | 4 | 28.6% | 10 | 71.4% |
| A2 - Pakistani | 6 | 50.0% | 6 | 50.0% |
| A3 - Bangladeshi | 1 | 50.0% | 1 | 50.0% |
| A9 - Any Other Asian Background | 7 | 46.7% | 8 | 53.3% |
| A - Asian or Asian British | 1 | 100.0% | 0 | 0.0% |
| B1 - Caribbean | 11 | 35.5% | 20 | 64.5% |
| B2 - African | 4 | 30.8% | 9 | 69.2% |
| B9 - Any Other Black Background | 7 | 63.6% | 4 | 36.4% |
| B - Black or Black British | 0 | | 0 | |
| M1 - White and Black Caribbean | 5 | 71.4% | 2 | 28.6% |
| M2 - White and Black African | 3 | 75.0% | 1 | 25.0% |
| M3 - White and Asian | 1 | 33.3% | 2 | 66.7% |
| M9 - Any Other Mixed Background | 3 | 60.0% | 2 | 40.0% |
| M - Mixed | 0 | | 0 | |
| NP - Not Provided | 14 | 46.7% | 16 | 53.3% |
| NS - Not Stated | 34 | 55.7% | 27 | 44.3% |
| O1 - Chinese | 2 | 100.0% | 0 | 0.0% |
| O9 - Any Other Ethnic Group | 3 | 42.9% | 4 | 57.1% |
| O - Chinese Or Other Ethnic Group | 0 | | 0 | |
| W1 - British | 802 | 58.2% | 575 | 41.8% |
| W2 - Irish | 5 | 50.0% | 5 | 50.0% |
| W9 - Any Other White Background | 11 | 61.1% | 7 | 38.9% |
| W - White | 0 | 0.0% | 1 | 100.0% |
| Total | 924 | 56.9% | 700 | 43.1% |

Table 3: Defendant principal offences

Q3 2005 - 06: Domestic Violence Defendants Principal Offence Category by BCU

42 Areas



| | Successful | | Unsuccessful | |
|---|------------|--------------|--------------|--------------|
| | No | % | No | % |
| A Homicide | 2 | 66.7% | 1 | 33.3% |
| B Offences Against The Person | 631 | 53.5% | 549 | 46.5% |
| C Sexual Offences | 7 | 41.2% | 10 | 58.8% |
| D Burglary | 3 | 50.0% | 3 | 50.0% |
| E Robbery | 0 | | 0 | |
| F Theft And Handling | 7 | 53.8% | 6 | 46.2% |
| G Fraud And Forgery | 1 | 100.0% | 0 | 0.0% |
| H Criminal Damage | 154 | 76.2% | 48 | 23.8% |
| I Drugs Offences | 10 | 100.0% | 0 | 0.0% |
| J Public Order Offences | 48 | 69.6% | 21 | 30.4% |
| K All Other Offences (excluding Motoring) | 18 | 54.5% | 15 | 45.5% |
| L Motoring Offences | 9 | 69.2% | 4 | 30.8% |
| M Admin finalised | | | 26 | 100.0% |
| Total | 890 | 56.6% | 683 | 43.4% |

Table 4: Reasons for unsuccessful outcomes

Q3 2005 - 06: Domestic Violence Defendants Reasons for Unsuccessful Outcomes by BCU

| 42 Areas | % = % of total unsuccessful reasons | | | | | |
|---|-------------------------------------|--------------|------------|--------------|------------|--------------|
| | Female | | Male | | Total | |
| | No | % | No | % | No | % |
| Victim Retraction (P36 and U25 below) | 7 | 17.5% | 185 | 28.0% | 192 | 27.4% |
| Victim Non-Attendance (U27) | 1 | 2.5% | 61 | 9.2% | 62 | 8.9% |
| Evidence of victim does not support case (E9) | 6 | 15.0% | 68 | 10.3% | 74 | 10.6% |
| Caution (P20) | 6 | 15.0% | 6 | 0.9% | 12 | 1.7% |
| Bindover (O33) | 10 | 25.0% | 71 | 10.8% | 81 | 11.6% |
| All Reasons for Unsuccessful Outcomes | Female | | Male | | Total | |
| Admin Finalised | No | % | No | % | No | % |
| E10 Key witness does not support case | 0 | 0.0% | 8 | 1.2% | 8 | 1.1% |
| E11 Unreliable/lack of identification | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| E1 Inadmissible evidence - Breach of PACE | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| E2 Inadmissible evidence - other than Breach of PACE | 0 | 0.0% | 1 | 0.2% | 1 | 0.1% |
| E3 Unreliable confession | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| E4 Conflict of evidence | 0 | 0.0% | 30 | 4.5% | 30 | 4.3% |
| E5 Essential medical evidence missing | 0 | 0.0% | 5 | 0.8% | 5 | 0.7% |
| E6 Essential forensic evidence missing | 0 | 0.0% | 2 | 0.3% | 2 | 0.3% |
| E7 Essential legal element missing | 0 | 0.0% | 49 | 7.4% | 49 | 7.0% |
| E8 Unreliable witness or witnesses | 3 | 7.5% | 29 | 4.4% | 32 | 4.6% |
| E9 Key victim does not support case | 6 | 15.0% | 68 | 10.3% | 74 | 10.6% |
| Evidential | 9 | 22.5% | 192 | 29.1% | 201 | 28.7% |
| O33 Bind over acceptable | 10 | 25.0% | 71 | 10.8% | 81 | 11.6% |
| O34 Acquittal after trial | 3 | 7.5% | 62 | 9.4% | 65 | 9.3% |
| O35 Other - please specify | 0 | 0.0% | 3 | 0.5% | 3 | 0.4% |
| Other | 13 | 32.5% | 136 | 20.6% | 149 | 21.3% |
| P12 Effect on victim's physical or mental health | 0 | 0.0% | 2 | 0.3% | 2 | 0.3% |
| P13 Defendant elderly or in significant ill health | 1 | 2.5% | 3 | 0.5% | 4 | 0.6% |
| P14 Loss or harm minor and single incident | 0 | 0.0% | 1 | 0.2% | 1 | 0.1% |
| P15 Loss or harm put right | 0 | 0.0% | 2 | 0.3% | 2 | 0.3% |
| P16 Long delay between offence/charge or trial | 0 | 0.0% | 1 | 0.2% | 1 | 0.1% |
| P17 Very small or nominal penalty | 0 | 0.0% | 1 | 0.2% | 1 | 0.1% |
| P18 Other indictment / sentence | 1 | 2.5% | 19 | 2.9% | 20 | 2.9% |
| P19 Informer or other public interest immunity issues | 0 | 0.0% | 2 | 0.3% | 2 | 0.3% |
| P20 Caution more suitable | 6 | 15.0% | 6 | 0.9% | 12 | 1.7% |
| P21 Youth of offender | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| P36 Inappropriate to Compel Victim | 1 | 2.5% | 2 | 0.3% | 3 | 0.4% |
| P37 Inappropriate to Compel Witness | 0 | 0.0% | 1 | 0.2% | 1 | 0.1% |
| Public Interest | 9 | 22.5% | 40 | 6.1% | 49 | 7.0% |
| U22 File not received from police - adjournment refused | 0 | 0.0% | 4 | 0.6% | 4 | 0.6% |
| U23 CPS not ready - adjournment refused | 0 | 0.0% | 3 | 0.5% | 3 | 0.4% |
| U24 Offence taken into consideration | 1 | 2.5% | 1 | 0.2% | 2 | 0.3% |
| U25 Victim refuses to give evidence or retracts | 6 | 15.0% | 183 | 27.7% | 189 | 27.0% |
| U26 Other witness refuses to give evidence or retracts | 0 | 0.0% | 8 | 1.2% | 8 | 1.1% |
| U27 Victim fails to attend unexpectedly | 1 | 2.5% | 61 | 9.2% | 62 | 8.9% |
| U28 Other civilian witness fails to attend unexpectedly | 0 | 0.0% | 6 | 0.9% | 6 | 0.9% |
| U29 Police witness fails to attend unexpectedly | 0 | 0.0% | 1 | 0.2% | 1 | 0.1% |
| U30 Victim Intimidation | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| U31 Other civilian witness intimidation | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| U32 Documents produced at court | 0 | 0.0% | 1 | 0.2% | 1 | 0.1% |
| Unable to Proceed | 8 | 20.0% | 268 | 40.6% | 276 | 39.4% |
| TOTAL | 40 | | 660 | | 700 | |

Table 5: Breakdown of the most common DV offences⁴⁵

| | |
|-----------------------------------|--|
| Murder | Common law |
| Manslaughter | Common law |
| Breaches of Bail | Bail Act '76 6(1) (2) and (7) |
| Criminal damage | Criminal Damage Act '71 1 (1) |
| Common assault | Criminal Justice Act '88 (39) and TBD |
| Threats to kill | Offences against the Persons Act 1861 (16) |
| GBH with intent | Offences against the Persons Act 1861 (18) |
| GBH/wounding | Offences against the Persons Act 1861 (20) |
| ABH | Offences against the Persons Act 1861 (47) |
| Other | Offences against the Persons Act 1861 TBD |
| Harassment | Protection from Harassment Act 2(1) and (2), 4(1) and 5 (5) |
| Affray | Public Order Act 1986 3(1) |
| Threatening behaviour | Public Order Act 1986 (4) |
| Threatening behaviour with intent | Public Order Act 1986 4(1) |
| Rape | Sexual Offences Act '56 ⁴⁶ (1) |
| Indecent assault | SOA '56 14(1) girls 15(1) boys |
| Rape | Sexual Offences Act 2003 S1 |
| Assault by penetration | SOA 2003 S2 |
| Sexual assault | SOA 2003 S3 |
| Other | SOA 2003 TBD |
| Theft | Theft Act '68 1(1) |
| Blackmail | Theft Act '68 21 |
| Witness intimidation | Criminal Justice and Public Order Act 1994 S 51 |
| Criminal trespass | Criminal Law Act 1977 s 6(1) |

⁴⁵ Totals will be provided for the offences below.

⁴⁶ This law has been repealed so may not be needed in future. Currently may still be some cases going through.

Annex 7: Outputs and outcomes for IDVA and MARAC work

In order to analyse outcomes, it is necessary for IDVA services to collect comprehensive data about their work. Each area may have particular issues that they need to monitor and obviously all areas need to keep general demographic and ethnicity data in accordance with standard procedures. The following is a suggested list of data to be recorded by all IDVAs.

| Data Item | Notes on Collection | Example |
|----------------------------------|--|---|
| No. of referrals to project | It is important to know how many referrals a project receives annually | This would include all referrals from all sources |
| Breakdown of source of referrals | In order to analyse the effectiveness of referral procedures between agencies it is necessary to analyse the source of referrals and to compare them to the originating agency's total referrals | For example, how many DV incidents do the police record in your area each month? How many of these are referred to the IDVA service? How do you explain the gap between the two figures if it is significant? |
| How many high risk referrals | IDVAs may carry out their own risk assessment and/or use the police or other agency's risk assessment. From this they can identify what percentage of the referrals is high risk. | Understanding the pattern of referrals has important implications for service provision and resourcing of services. In areas where overall reporting is very high as a percentage of the population, the proportion of high risk referrals is likely to be lower than in an area where reporting is low. This relates not only to geography but also to a survivor's identity. Thus, reporting may be relatively low among LGBT survivors, and thus those who do report may only do so in high risk situations. |
| Case reviews | IDVA's should regularly review the risk status of their clients and whether or not it has been improved. Two critical questions need to be answered. Q1: did the abuse stop during the period under review? Q2: if not, did the client access help at an earlier stage of abuse? | This can be done by a combination of formal risk assessment and client interviews. CRARG suggests that these reviews should be carried out on a regular basis, perhaps every 3-6 months. In practical terms, it is logical to carry out this analysis initially with those clients identified as high risk. If projects fail to do this, they cannot claim to address risk and safety effectively |
| MARAC reviews | IDVAs who are part of a MARAC process should review the outcomes of this work. This includes the same two critical questions as in the Case Reviews: Q1: did the abuse stop during | This may be carried out at the 6 month and/or 12 month stage following a review by the MARAC. While measuring repeat victimisation may be difficult overall, in this specific group it is highly relevant and because of the smaller numbers involved should be more reliable. |

| | | |
|-------------------------|--|--|
| Partners' Targets | <p>the period under review? Q2: if not, did the client access help at an earlier stage of abuse?</p> <p>An IDVA needs to record information that will inform the targets of their partner agencies and funders</p> | <p>This might include survivors who have been able to return home safely, identification of children at risk of harm, number of clients who were prepared to support a criminal prosecution.</p> <p>This information relates to the key targets within BVPI 225, as well as the main CDRP and LAA targets</p> |
| Data regarding Children | <p>An IDVA should keep data relating to the children exposed to domestic violence with whom they work even if they do not have a dedicated children's IDVA.</p> | <p>IDVAs can perform a valuable task by helping specialist children's agencies prioritise the children who are at most risk of harm from domestic violence.</p> <p>IDVAs are trained to understand the basic criteria used by CAF/CASS in relation to contact issues. This is relevant in cases of disputed contact.</p> |

We are aware that some IDVA services are using a database developed by Paloma Systems. More information is available at www.paloma.co.uk. CRARG also has the use of a domestic violence spreadsheet for recording and analysing IDVA work. Please contact us for further information.

Annex 8: 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) Sulzburger & 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

Annex 9: Key standards for perpetrator programmes outside of the Criminal Justice System

Perpetrator programmes are structured group-work programmes designed to help perpetrators to change their behaviour and develop respectful, non-abusive relationships. They address the attitudes and beliefs which underpin abusive behaviour as well as the behaviour itself.

Changing behaviour is a long-term process - especially for someone who has used violence and abuse for a long time. Programmes should be at least 75 hours - usually this will mean that each client attends at least 24 weekly sessions of 2-3 hours.

Some groups will be closed, meaning that all the clients join at the same time and complete the group together. Others will be rolling programmes where there is a constant influx of new clients who join every 4-6 weeks.

Due to the risk they pose, perpetrators' confidentiality should be limited so that:

- information will be available to the perpetrator's (ex)partner on his attendance and whether he drops out of the programme or is suspended from it
- if workers believe that a perpetrator poses a particular risk, they will inform all relevant people, including their (ex) partner. If the risk is immediate and severe the police will be called
- information will be provided to any probation officer, CAFCASS reporter, police officer or other relevant official involved with them or their family, as requested
- if workers are concerned that the perpetrator is a threat to the welfare or safety of children they may take steps to increase the safety of those children by involving another agency.

Perpetrator programmes usually include 8-12 perpetrators and should be facilitated by an experienced co-gendered team (i.e. at least one man and one woman).

All perpetrator work should contain the following as core elements:

- an understanding of what constitutes violent behaviour
- that the perpetrator is 100% responsible for his behaviour
- that violent behaviour is a choice
- that violent behaviour is functional and intentional.

Workers should challenge perpetrators:

- use of physical violence
- use of sexual violence, sexual abuse and coercion
- expectations of power and control over (ex)partners
- denial, minimisation, justification and/or blame
- attitudes and beliefs which support domestic violence.

and:

- work in ways which are meaningful to men from different cultures and backgrounds
- acknowledge and question the social and gendered context of domestic violence

- develop men's capacity to understand the impact of their violence on their (ex)partners and children both in the long and short term
- develop men's ability to have safe and appropriate contact with their children⁴⁷
- encourage men to adopt positive, respectful and egalitarian ways of being
- focus on men as perpetrators and not as victims
- avoid collusion with perpetrators' justifications for their behaviour.

Key standards for associated support services for programmes outside of the CJS

Perpetrator programmes should provide their associated victim support services with the contact details of all relevant partners and ex-partners to enable them to provide Support services to:

- the victim
- any subsequent partner
- any ex-partners who the perpetrator has contact with and/or who are suspected of being at risk.

These services must either be provided directly by an associated victim's service or by an appropriate partner agency and should be staffed by women only. It is not appropriate for perpetrator service workers to provide this service.

Services should be victim-centred, designed to fit around the specific needs of each individual victim and her children.

Projects should give victims and others at risk from the perpetrator's violence and abuse, complete confidentiality in relation to the perpetrator. This means that projects should take steps to ensure that perpetrators are never told whether their (ex) partner has had contact with the victim support service and in particular that no information on the nature or content of any contact is divulged.

Associated support services should offer face-to-face support to all clients in at least one of the following ways:

- a minimum of 6 individual sessions to plan strategies maximising safety and for emotional support
- weekly victims' support group providing mutual emotional support and the chance to explore the effects of the violence and abuse and what it means to them, with other victims who have experienced domestic violence too.

Some victims may need more support, some may need less. The victim support service should structure their services so that they are flexible and able to offer additional support to victims who need it most – in particular where there is high risk. Each session should be contained and achieve goals in its own right, since clients who have experienced trauma have one of the highest non-attendance and drop-out rates.

⁴⁷ Workers should be aware that some men will not achieve this and that no contact is preferable to unsafe contact

Annex 10: Potential risks of running perpetrator programmes

1. Perpetrator programmes offer hope to women that their violent/abusive partner can change.

In many cases this is unrealistic. One of the main reasons women give for staying in a violent relationship is that their partner has promised to change. When perpetrators attend a perpetrator programme (or any other form of intervention such as counselling or anger management) many victims will understandably put their trust in the professionals to protect them and their children.

Women also tend to be overly optimistic about programme outcomes. Gondolf's multi-site evaluation found that 95% of women expected their partners to complete the programme – yet less than two thirds completed three months of programme sessions.⁴⁸

The very fact that the perpetrator is attending a programme might lead a victim to have unrealistic expectations and make unsafe choices regarding the relationship that wouldn't otherwise have been made.

2. Perpetrators can abuse their attendance on a perpetrator programme to further manipulate or control their partners and others

Some of the ways they might do this include:

- promising they will attend as a 'bargaining chip' or way of saving the relationship
- lying about their attendance
- lying about programme content/what happened in the group
- telling the victim that they do not need to attend because the workers say he's 'cured'
- telling the victim that everyone thinks she/he has the problem and that the victim should stop nagging etc.
- using the material on the programme to criticise and control the victim's behaviour
- using jargon/concepts learnt on the programme to manipulate the victim
- learning to "talk the talk" without "walking the walk"
- using attendance on the programme as a way to influence other professionals' decisions (Social Workers, CAF/CASS officers, Courts).

⁴⁸ Gondolf, E. *Batterer Intervention Systems* (2002)