



Liverpool
City Council

Multi-agency guidance for staff working with adults and families living with Domestic Abuse

Adult Services and Health

Version: 3

Date: 12th May 2021

Author: Liverpool Safeguarding Adults Governance Task and Finish Group



Liverpool City Council – Multi-agency guidance for staff working with adults and families living with Domestic Abuse

| | | |
|----|---|----|
| 1 | Contents | |
| 2 | Foreword | 2 |
| 3 | What is domestic abuse? | 3 |
| 4 | Enabling disclosure and making safe enquiries | 5 |
| 5 | Domestic Violence Disclosure Scheme..... | 8 |
| 6 | Carrying out a Risk Assessment (MeRIT) | 11 |
| 7 | Case meets Multi-Agency Risk Assessment Conference (MARAC) criteria (people aged 16 or over) | 13 |
| 8 | Case meets the criteria for a safeguarding enquiry under Section 42 of the Care Act 2014 | 15 |
| 9 | Case does not meet MARAC or safeguarding adults criteria | 17 |
| 10 | Cases where children are involved (includes unborn babies through to young people aged under 18) | 19 |
| 11 | Good practice guidance when responding to an adult victim of domestic abuse 21 | |
| 12 | Good practice guidance when responding to a child who is a victim of domestic abuse | 27 |
| 13 | Good practice guidance when working with perpetrators of domestic abuse . | 29 |
| 14 | Summary of helpful tips to remember..... | 32 |
| 15 | Appendix 1: Staying safe, basic planning advice *** | 34 |
| 16 | Appendix 2: Stages of change and effective interventions | 36 |
| 17 | Appendix 3: Information sharing..... | 41 |
| 18 | Appendix 4: Liverpool Multi-Agency Domestic Abuse Pathway..... | 43 |
| 19 | Appendix 5: Useful contacts and information | 45 |

2 Foreword

This guidance has been developed by Liverpool Safeguarding Adults Governance Group. This document is a good practice guide for all multi-agency staff working with adults and families in Liverpool at risk of or experiencing domestic abuse. It will also be useful for frontline staff dealing with sexual exploitation.

In terms of outcomes, it will help you to enable a disclosure of domestic abuse by safely and confidently asking about it and making safe enquiries. It provides guidance on carrying out a risk assessment and how and where to make referrals according to the levels of risk and vulnerability. It includes good practice guidance when working with victims, children and perpetrators. It covers safety planning advice and links to a range of local, regional and national help and support agencies. It also provides advice on what intervention approaches are most appropriate according to the stage of change the victim may be at.

Further information such as the links to referral forms, help and support agency websites and other guidance documents can be found in appendix 5 contacts and links.

Liverpool Safeguarding Adults Governance Group would like to credit Sunderland's Multi-Agency Domestic Abuse Referral Pathway and Guidance in developing this guidance.

3 What is domestic abuse?

The terms 'domestic violence' and 'domestic abuse' are often used interchangeably, but in this guide 'domestic abuse' is used as it is felt to be a more inclusive way to describe a range of behaviours, which include violence, as well as all other forms of abuse.

3.1 Domestic abuse is

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

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

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

This definition includes so-called 'honour' based violence, female genital mutilation (FGM) and forced marriage.

This guidance is applicable to all victims of domestic abuse. Domestic abuse is predominantly perpetrated by men against women, however it can be perpetrated by anyone with a 'personal connection' to the victim for example: same sex relationships, women against men, family members such as carers for elderly or disabled people, girlfriend/boyfriend aged over 16, older children/adults against their parents or extended family/community as in cases of 'honour' based violence (HBV).

Liverpool City Council – Multi-agency guidance for staff working with adults and families living with Domestic Abuse

Domestic abuse impacts negatively on children and/or adults at risk of abuse/neglect whether they are abused directly by the perpetrator and/or by hearing, witnessing or intervening incidents.

Abusive behaviour directed at a person under 16 would be dealt with as child abuse rather than domestic abuse, however a whole family approach should be promoted where safe to do so.

NB: The Domestic Abuse Bill 2019 is working its way through the House of Lords (2020) and the definition of domestic abuse may change slightly when the Bill is finalised into Law.

4 Enabling disclosure and making safe enquiries

More information is included in Section 11, but it is important to understand that victims of abuse may be reluctant to disclose what is happening to them. Listening and having a conversation can help to build up trust with the aim of enabling a positive professional relationship.

There are many reasons why victims do not make a disclosure, for example; they may fear retaliation, may be in denial, or may be minimising the abuse. They could be embarrassed, fear judgement or fear the consequences of talking to a professional.

Some factors including protected characteristics of age, disability, gender reassignment, race, culture, religion or belief, sex, sexual orientation, marriage and civil partnership, pregnancy and maternity can make it harder to talk about or escape abuse.

4.1 Ways you can help

Be aware of the signs that could indicate abuse is taking place:

- Physical injury is rare, emotional and psychological abuse is more common. Signs of controlling behaviour include; always being present at appointments, not allowing the person to talk for themselves, telephoning and texting constantly, limiting access to money, isolating a partner from sources of support such as family and friends etc. A person may be really tense, may be 'clock-watching' or seem anxious or unable to make their own decisions.
- Coercive and controlling behaviours prevent people disclosing or revealing the true extent of domestic abuse. Domestic abuse causes fear and fear reinforces the victim to act in ways that placate the perpetrator so the victim may appear uncooperative. They may say abuse is not happening or minimise the extent as they can be scared of organisations becoming involved with the family.

Liverpool City Council – Multi-agency guidance for staff working with adults and families living with Domestic Abuse

- Environmental indicators within the home; broken furniture, holes in doors/walls, exceptional tidiness, very subdued children or a tense atmosphere in the home.
- Remember that domestic abuse either starts or significantly escalates during pregnancy in around 30% of cases.

Follow the principles of safe enquiry and take protective measures to ensure that any discussions with potential victims of abuse are conducted in a safe and confidential environment without disruption.

Ask DIRECT questions about the abuse but only ask when the victim is ON THEIR OWN and in a PRIVATE place. Don't assume someone else will ask at another time as it may be the victim's only opportunity to tell someone about what's happening to them (see section 11 Box 1 for examples of how to ask about abuse).

If interpreters are required, ensure professional interpreters are used - NEVER use family members, children or friends where abuse is known or suspected. Victims may be abused by more than one person, particularly where there is a risk of 'honour' based violence and abuse.

Keep good factual records of any discussions and record the conversation in the victim's own words. Record any interventions and advice offered.

Follow local policies, protocols and procedures at all times.

Be clear with the victim about confidentiality and safeguarding policies and procedures. Never assume that someone else will take care of the domestic abuse issues. You should seek confirmation that other professionals/agencies have acted in a way that you would expect. Assess immediate safety, use the MeRIT Liverpool agreed risk assessment tool (see section 6) and then follow up actions as instructed. Discuss with your line manager if you are unsure of what to do.

Remember that domestic abuse commonly escalates and increases in severity over time. Separation does not ensure safety, in fact the first year after a relationship ends is the most risky time because an abuser knows that they are losing control of the victim so will try to regain control by increasing fear through violence or abuse.

Liverpool City Council – Multi-agency guidance for staff working with adults and families living with Domestic Abuse

Always be alert to the possibility than an individual is experiencing domestic abuse and be prepared to listen and offer signposting or support (keep the 24-hour helpline number to hand 0808 2000 247)

Local agency contact numbers can be found at:

[The Live Well Directory](#)

[Early Help Directory](#)

In an emergency ring or text 999

5 Domestic Violence Disclosure Scheme

The Domestic Violence Disclosure Scheme (DVDS) – often referred to as “Clare’s Law” after the tragic case of Clare Wood, who was murdered by her former partner in Greater Manchester in 2009. The Scheme was introduced to set out procedures that could be used by the police in relation to disclosure of information about previous violent and abusive offending by a potentially violent individual to their partner where this may help protect them from further violent and abusive offending.

The Domestic Violence Disclosure Scheme recognises two procedures for disclosing information:

“Right to ask” Individual members of the public can now proactively seek information with an expectation that the agencies responsible for safeguarding victims of domestic violence will check to see whether relevant information exists and if it does, that consideration will be given to its disclosure where necessary to protect the victim.

“Right to know” Where a safeguarding agency comes into the possession of information about the previous violent behaviour of a person that may cause harm to another person, members of the public can now expect the safeguarding agency to consider disclosing the information to a potential victim if it is lawful, necessary and proportionate to do so.

Critical to the success of the Domestic Violence Disclosure Scheme is the need for a risk assessment to be completed at every stage in the disclosure process, as the risk assessment will inform the practical actions necessary to safeguard people and to inform the development of a potential disclosure under this Scheme.

5.1 Who can ask?

- The partner who is in a relationship with a potentially violent individual.
- A third party who has some sort of contact with the potential victim. This could include any third party such as a parent, neighbour or friend.

- A third party making an application will not necessarily receive a disclosure as a more appropriate person may be deemed the person best placed to safeguard.

5.2 The Process

An application will be deemed to have been made when a person makes contact with the police by one of the following means:

- Attends a Police station in person.
- Encounters Police member of staff in the street.
- Makes direct contact as part of a Police investigation.
- Makes a telephone call to the Police.
- E-mails the Police.
- Makes an on-line report to the Police.

The Police member of staff dealing with the initial application will check the person posing a potential risk on specific police systems according to Merseyside police DVDS guidance. Any concerns raised as a result of these checks will be discussed with the duty risk Inspector and, if necessary, action taken to immediately safeguard any potential victim.

5.3 Who decides if a disclosure should be made?

A local forum consisting of safeguarding agencies including Police, Probation and the Third Sector will consider the question of making a disclosure. In Merseyside, it is intended that this role will be carried out by the MARAC (Multi-agency Risk Assessment Conference) or a subset of the membership of this group. The chair of the MARAC usually the Safeguarding Manager from the Merseyside Police MARAC Team is charged with recording the decision of the MARAC. The decision whether to disclose or not will be made at the MARAC. While it will be for the police to make the final decision on whether the trigger is a “concern” or “no concern” and, consequently, whether a disclosure should be made, this should be done with the input of the multi-agency forum.

The chair will subsequently be responsible for the wording of the disclosure on the Disclosure form. Any disclosure will be made in person by a Police Officer from the MARAC Team using the preferred means of contact. The information provided and a declaration concerning confidentiality of the information provided will be on the form. All documentation concerning each disclosure must be filed and stored according to data protection principles. A database of every application and disclosure must be kept locally for future Freedom of Information requests.

Disclosure must be accompanied by a robust safety plan. This safety plan can be discussed at the MARAC, acquiring the assistance of the professionals around the table. This safety plan must be documented on the disclosure form. The view in Liverpool is that an Independent Domestic Violence Advisor (IDVA) should be present, where possible and appropriate, at the point of disclosure.

5.4 Timescales

The timescales for completion are tight for the 'Right to Ask' process. Initial contact and checks to be made within 24 hours of contact being made.

A full risk assessment (including Police National Database checks) must have been completed within 5 working days of the face-to face contact.

The case should be heard at MARAC no later than 20 working days from step 2. In any event the entire 'Right to Ask' process from application to disclosure/non-disclosure should not take any longer than 35 working days.

Although, currently the timescales for the 'Right to Know' process are not governed as stringently as the 'Right to Ask', Merseyside Police try to keep the length of process to a minimum.

Further information regarding the Domestic Violence Disclosure Scheme can be found at:

[Government publications on domestic violence disclosure scheme guidance](#)

[Information request under Claire's Law](#)

6 Carrying out a Risk Assessment (MeRIT)

*Merseyside Risk Indicator Toolkit (MeRIT) is the tool we advocate and use when assessing a victim's level of risk. This comes with guidance and is on the LCC Website:

[Professionals referring high risk victims of domestic abuse](#)

Make sure you familiarise yourself with the MeRIT form. The questions cover many areas including:

- Current incident and level of injury.
- Victim's level of fear.
- Isolation.
- Mental health.
- Attempts to separate.
- Conflict over child contact.
- Stalking and harassment.
- Pregnancy/recent birth.
- Escalation of abuse.
- Questions about the perpetrator etc.

The purpose of MeRIT is to provide a consistent and simple tool for practitioners who work with adult victims (aged 16 and over) of domestic abuse. Using MeRIT helps identify those who are at high risk of harm and who should be referred to a Multi-Agency Risk Assessment Conference (MARAC) meeting in order to manage their risk and develop a multi-agency safety plan.

If you are concerned about risk to a child or children, you should make a children's safeguarding referral to ensure that a full assessment of the child's safety and welfare is made (see section 10 of this guide).

Liverpool City Council – Multi-agency guidance for staff working with adults and families living with Domestic Abuse

MeRIT should be introduced to the victim within the framework of your Confidentiality Policy, Information Sharing Policy and Protocols and MARAC Referral Protocol. You should speak to your safeguarding lead if you have any queries about this.

Before you begin to ask the questions in MeRIT with a victim:

- Establish how much time the victim has to talk to you; is it safe to talk now? Ask for safe contact details, so that you can make contact again safely, if needed.
- Establish the whereabouts of the perpetrator and children.
- Explain why you are asking these questions and how it relates to the MARAC.
- Identify early on who the victim is frightened of – ex-partner/partner/family member(s).
- Use gender neutral terms such as partner/ex-partner, this will help to create a safe, accessible environment, particularly for lesbian, gay, bisexual, transgender and queer or questioning (LGBTQ) victims accessing the service.

When you have completed the MeRIT, the number of 'yes' ticks will determine whether or not the victim needs to be referred to MARAC (see sections 7-9 for what to do).

Good practice guidance on information sharing is available on the procedures sections online for Safeguarding Children: [Liverpool Safeguarding Children Partnership](#)

Or

Safeguarding Adults:

[Safeguarding adults strategies and policies](#)

All frontline staff working with children, young people or adults at risk should familiarise themselves with this guidance (see Appendix 3 for the 7 golden roles for information sharing).

***You should refer to your Trust guidelines on the relevant risk assessment to complete for assessing a victim's level of risk.**

7 Case meets Multi-Agency Risk Assessment Conference (MARAC) criteria (people aged 16 or over)

Complete the MeRIT risk assessment and do the calculation at the end (see section 6). If the score comes to 72 or more it meets the criteria for a referral to MARAC. Remember, if the score is not 72 or more but you think the victim is at serious risk of harm or death, you can still refer to MARAC on professional judgement. If you refer on professional judgement you will need to complete a quality assurance form including a rational for the referral. The form is part of the referral pack on the LCC link below.

Be clear with the victim about confidentiality and consent. You should always try to seek consent to make a referral but should advise the victim that you can refer to MARAC without their consent if there is a risk of death or serious harm. Always advise the victim that an independent support worker (IDVA) who works within the MARAC process will contact them to offer their services.

Complete the MARAC/IDVA referral form:

[Professionals referring high risk victims of domestic abuse](#)

Forward the MARAC/IDVA referral form and the MeRIT Risk assessment to the MARAC mailbox. MARAC@liverpool.gov.uk

The MARAC Officers will add the referral details to the agenda for the next MARAC meeting. They will also forward the MARAC/IDVA referral to the Liverpool Independent Domestic Violence Advisor (IDVA) service.

The Liverpool IDVA Service provides crisis intervention, support and advocacy for high-risk victims of domestic abuse. The IDVA helps the victim to assess their options and helps to co-ordinate wrap-around support that is person centred. The victim can decline to work with the IDVA, however if they want their voice to be heard at MARAC, the IDVA will represent them at the meeting.

Liverpool City Council – Multi-agency guidance for staff working with adults and families living with Domestic Abuse

On receipt of a MARAC referral, an IDVA contacts the victim to advise them of the services and support they offer, what happens at MARAC and what the victim can gain from MARAC. MARAC can help a victim to gain security in their home, promote Police interventions such as a DVDS (Clare's Law disclosure) and link the victim to other services e.g. housing or debt issues etc.

MARAC takes place every 2 weeks. The members meet to discuss the highest risk victims (those at serious risk of harm or death). Agencies come together to share their information with the aim of problem solving and creating a safety plan for victims and their families. Victims are not present at MARAC; however, their views may be presented by the IDVA.

A safety/action plan is developed at the meeting and MARAC partners should flag/tag their own systems to identify the victim is high risk and has been considered at MARAC. The MARAC flag should stay on the system for 12 months after the MARAC discussion.

For any MARAC queries contact the MARAC Co-ordinator or Officers using the MARAC mailbox MARAC@liverpool.gov.uk

8 Case meets the criteria for a safeguarding enquiry under Section 42 of the Care Act 2014

The Care Act 2014 cites domestic abuse as a category of abuse which is covered by Liverpool's Inter-agency Safeguarding Adults policy and procedures.

The Statutory Guidance issued under the Care Act (October 2014), states that adult safeguarding 'means protecting an adult's right to live in safety, free from abuse and neglect'. Safeguarding duties apply to an adult who:

- Has needs for care and support (whether or not the authority is meeting any of those needs);
 - Is experiencing, or is at risk of, abuse or neglect; and
 - As a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect'.

To report a safeguarding concern you should complete the online referral form for non-urgent safeguarding concerns [Liverpool Safeguarding Adults Referral Form](#) or call **0151 233 3800** for urgent concerns such as physical assault. **In an emergency ring 999.**

Case does not meet criteria for a statutory safeguarding enquiry but should be considered for a non-statutory/other enquiry

Where a concern raised does not meet the criteria under Section 42 of the Care Act, the local authority may still choose to undertake a non-statutory/other safeguarding enquiry. This will include:

- All allegations of forced marriage.
- Female genital mutilation.
- 'So called honour based violence'.

Liverpool City Council – Multi-agency guidance for staff working with adults and families living with Domestic Abuse

All of the above will prompt an immediate safeguarding enquiry and strategy meeting.

In addition, the following cases that do not meet the criteria for a S42 should also be considered for a non-statutory/other enquiry and/or a professionals meeting

- Modern slavery.
- Domestic abuse gold status.
- Cases where there have been numerous domestic abuse incidents.
- Domestic violence protection orders.

This is not an exhaustive list, if you are unsure or want advice on whether safeguarding procedures need to be invoked then Tel: 0151 233 3800 (anytime).

NB All harmful practices should be referred to MARAC. All previous domestic abuse concerns should be taken into consideration when risk assessing any new concerns raised.

9 Case does not meet MARAC or safeguarding adults criteria

If the risk assessment places the victims at a standard or medium risk level of domestic abuse (less than 14 ticks) or using your professional judgement you decide not to refer to MARAC and they don't meet the safeguarding adults criteria (as described in section 6 and 7) then you/your agency still have a duty to take action and support the victim. Don't assume someone else will do it.

9.1 Short term involvement:

- Consider immediate risks (see section 11 Box 4) previous concerns reported and long-term risks. Assess the victim's strengths and needs.
- Review any previous risks/decision-making in relation to domestic abuse or safeguarding adults – don't assume it remains the same. Risk can fluctuate and so you must approach risk assessment as an on-going review of static and dynamic risk factors.
- Identify the victim's protective factors and how these could be strengthened.
- Discuss basic safety planning with alleged victim (also see Appendix 1).
- Ensure they know where to go for help if they need it and signpost/refer to specialist support services if needed (see appendix 5 useful contacts and information).
- Share information with other relevant agencies with the victim's consent (e.g. you may be able to help them access housing options advice, training and employment options, legal advice etc).
- Consider whether the case needs allocating to a longer-term worker to keep them engaged.
- Ensure recording is clear for future workers who may become involved.

9.2 Long-term involvement

- Consider the immediate and long-term risks (see section 11 Box 4). Assess the victims needs and strengths.

Liverpool City Council – Multi-agency guidance for staff working with adults and families living with Domestic Abuse

- Work with the victim to assess their readiness for change.
- Signpost/refer the victim to a specialist domestic abuse service (see appendix 4 useful contacts and information).
- Share information with other relevant agencies with the victim's consent and follow-up on any referrals.
- Risk can fluctuate so you must regularly revisit level of risk in case thresholds/criteria are met for a MARAC referral and/or safeguarding referral.
- Domestic abuse is rarely a one-off incident and usually escalates in frequency and severity over time. Always assess the history and not just each incident in isolation.

10 Cases where children are involved (includes unborn babies through to young people aged under 18)

Children living in households where there is violence, sexual abuse, coercive control and other types of domestic abuse are often hidden victims. Parents rarely recognise the impact of domestic abuse on children until they are physically abused or until children are involved directly. However domestic abuse affects children in many ways, the affects of adverse childhood experiences (ACE's) shape and underpin adult life and can perpetuate the cycle of abuse for generations.

10.1 Early Help

Early help identifies and supports families who are experiencing domestic abuse, with the aim of stopping the abuse from escalating. This reduces the harm that children experience in the longer term.

When you become aware that a child or unborn baby is being exposed to domestic abuse, you should consider the needs of the children, young people and their family across a continuum of need:

Liverpool Safeguarding Children Procedure - [Safeguarding children procedure](#)

LSCP Levels of Need Indicators - [Level of needs indicators](#)

LSCP Levels of Need Windscreen - [Level of needs windscreen](#)

Liverpool Early Help Strategy - [Early help strategy](#)

The level of need guidance will help you to identify families that need to be referred to children's social care and in these cases a Multi-agency Referral Form (MARF).

Where you identify that an early help intervention would be appropriate then you should complete an early help assessment with the consent of the family. Please refer to the practitioner guidance, which also includes relevant contact numbers for

Liverpool City Council – Multi-agency guidance for staff working with adults and families living with Domestic Abuse

the early help hubs who can provide advice and guidance on levels of need and when a multi-agency referral form should be completed:

Early Help Practitioners Guide April 2020 - [Policy and Guidance](#)

The early help directory also contains contact details for agencies who are able to provide services for both victims and perpetrators of domestic abuse:

Liverpool Early Help Directory - [Liverpool EHD](#)

11 Good practice guidance when responding to an adult victim of domestic abuse

11.1 What to do if you suspect that abuse is happening, but it is not disclosed...and how to ask about it?

When your suspicions are raised it is important that you act on them

You could provide the only opportunity for the victim to tell someone. Remember it can be dangerous to ask about domestic abuse in front of anyone else. Try to arrange to speak to the person alone or pass your concerns onto another professional who could ask safely. Remember children who are able to speak may later mention the conversation, be asked questions by the perpetrator or be manipulated to disclose what was said. You may also be unlikely to receive a disclosure if someone can overhear.

Show the person you have time to listen – if you appear rushed or uninterested you are less likely to receive a disclosure. Make sure you establish how long you have to talk

- Find a quiet area to talk without disruptions;
- Establish where the perpetrator(s) currently is/are;
- Make a note of the victim's safe contact details;
- Reassure about confidentiality and explain the limits of this. Be open and transparent and follow the 7 golden rules of information sharing (see appendix 3);
- Begin with an open indirect question, e.g. "tell me how things are going"; "Are you alright?".

Then use framing questions (see Box 1 below) to offer an explanation for your questioning that places the victim's experiences in context e.g. "Because unfortunately domestic abuse is so common in our society, I have started asking all of my clients/patients about it"

Liverpool City Council – Multi-agency guidance for staff working with adults and families living with Domestic Abuse

Follow up with direct questions (see Box 2 below) e.g. “I notice that you seem anxious/have some bruises/often miss appointments (whatever your concern is), is there anything happening at home that you are worried about?”

It may be necessary to ask more than once, as many victims do not identify that they are experiencing abuse if it is not physical.

Box 1: Examples of initial ‘framing questions’

- “Because unfortunately domestic abuse is so common in our society, I have started asking all of my clients/patients about it”
- “I don’t know if this is a problem for you, but many of the clients/patients I see are dealing with abusive relationships. Some are too afraid or uncomfortable to bring it up themselves, so I’ve started asking about it routinely”
- “From past experience with other clients/patients, I’m concerned that some of your medical problems may be the result of someone hurting you. Is that happening”?
- “I’m sorry if somebody has already asked you about this, and I don’t want to cause you any offence, but I know 1 in 4 women experience violence or abuse from a partner and I’ve noticed... [that you have some injuries/house has been damaged].
- So, I’m just wondering if you need any help”?

Box 2: Examples of ‘direct questions to ask:

I notice that you seem anxious/have some bruises/often miss appointments (whatever your concern is), is there anything happening at home that you are worried about? Is someone hurting you”?

- “Is anything happening in your life that is making you feel unsafe”?
- “Has anyone at home hurt, hit or threatened you in any way”?
- “Do you feel safe in your relationship”?
- “Are you afraid of your partner? Do you feel you are in danger”?
- “Have you been physically hurt or threatened by your partner”?

- “Have you been hit or scared since the last time I saw you”?
- “Do you feel controlled or isolated by your partner”?
- “Does your partner ever try to control you by threatening to hurt you or your family”?
- “Has anyone close to you ever threatened or hurt you”?
- “What stresses do you experience in your relationships”?
- “Have there been situations in your relationship where you have felt afraid?”
- “You mentioned your partner’s problem with temper/stress/drinking/drug use. When that happens, has your partner ever threatened or hurt you”?

11.2 How to respond to an initial disclosure

- Do not appear shocked.
- Be sensitive, respectful, listen and believe what you are being told.
- Record what they tell you in their own words.
- Seek to empower victims, not to take over or make decisions for them.
- Ask them what they want you to do.
- Remain non-judgemental – never imply that the victim is to blame for the abuse.
- Validate the victim’s experience; tell them you are glad they told you.
- Give key validation statements (See box 3).

Box 3: Offer validation statements following a disclosure such as:

- “I am glad that you told me”
- “You are not alone”
- “You don’t deserve to be hit or hurt like this”
- “I am concerned about your safety and wellbeing - there is help available for you”
- “Everyone deserves to feel safe at home and with their partner”
- “You are not to blame. Abuse happens to a lot of people, in all kinds of relationships. It tends to continue”

11.3 Address immediate safety issues

- Ensure the immediate safety of the victim and anyone else in the family.
- Do not take any action that could place you or your colleagues at risk of violence.
- See Box 4 for questions to help you assess any immediate safety issues.
- Seek emergency assistance if needed.
- Discuss the use of the MeRIT (risk assessment) and complete it (see section 6) or arrange a follow-on private appointment to do this and discuss the possibility of sharing the information about the disclosure with other agencies/colleagues who could help.
- Discuss how the victim has/can keep themselves safe until the next time you meet.

Box 4: Questions to ask to address immediate safety issues:

- Ask “When did this first start? When did it last happen”?
- “When was the first/worst/last time you were hurt or made to feel bad”?
- Ask if their friends and family aware of what is going on?
- “How have you been coping”?
- “Have you thought about or tried to make any changes to your situation”?
“What did you do”? “What happened”? “What are you thinking you might do”?
“When”?
- “What are you going to do next”? “How can I help”?
- Ask “Do you think you could be badly hurt by your partner today”?
- “Do you have somewhere safe to go to if you need to or in an emergency”?

11.4 What to do if the person doesn’t want you to take any action

- Consider issues of mental capacity, coercion, risks of serious harm.
- Always leave the door open for future discussion e.g. “You can contact me (or an agency) in the future if you feel you need further help and support”.
- Talk them through some basic safety planning.

- Give them the 24/7 helpline number 0800 2000 247 and see appendix 5 for contact details for local, regional and national help, advice and support agencies. Assess the victim's readiness for change.

11.5 Assess the victim's readiness for change

- Frontline staff wanting to support victims of domestic abuse must look at/assess the readiness of the victim to be able to change their situation and tailor interventions and support to match the level of readiness identified.
- Appendix 2 sets out a list of effective interventions you can use according to the 'stage of change' the victim is at.

Be aware that when it comes to mental capacity, an apparently unwise decision may be the result of coercion and controlling behaviour by the partner or other family member. Take advice from an Independent Mental Capacity Advocate (IMCA) or a Care Act Advocate who may be able to work alongside you or a specialist domestic abuse worker.

Workers need to understand that the behaviour of the perpetrator impacts on the behaviour of the victim – so be aware of how this may influence the victim's own decision making, often leading to them making apparently capacitated but 'unwise' decisions (such as the decision to remain with an abusive partner). Do not just accept such a decision without fully exploring apparently 'unwise' decisions which might in fact be as a result of coercion by the abuser.

11.6 In all circumstances (for adults and children)

- Document decision-making and any actions taken to manage risk and any rationale for sharing or not sharing information.
- Be aware of your professional role and consult with other partners to: clarify their roles and responsibilities; share information; and seek advice e.g. Police, health, housing, domestic abuse specialists.
- Follow up any referrals.

- When signposting to other agencies always consider risks associated with the perpetrator finding leaflets/letters etc.

N.B: Never tell or advise someone to leave a situation immediately (unless there is imminent danger). Planning to leave safely is essential to enable chances of escaping and staying away from abuse, especially when children are involved.

If working with a victim of domestic abuse, professionals should consider CODE Words with clients, to enable clients to identify danger and ask for help if required.

Professional should always consider honour-based abuse and harmful practices when working with families/communities where these can be a risk for the individuals. Abuse may come from one or several members of the family.

Consider your client's ability to access support for example if a client is deaf, they may use online or text support.

If somebody does not speak English, always use an interpreter as some family members may think that as they are home they can interpret for others.

Professionals may also be impacted by domestic abuse, if you suspect that a colleague is being abused revisit your HR policies for Domestic Abuse.

12 Good practice guidance when responding to a child who is a victim of domestic abuse

12.1 Domestic abuse framing question for children (under 16):

To obtain accurate and reliable information from a child regarding a domestic abuse situation the language and questions must be appropriate for the child's age and developmental stage.

One example of a framing question could be: "We know that in many families, mums and dads have arguments and disagreements, does that ever happen in your family?"

Other open questions could be:

- Who is in your family?
- How would you describe your family?
- Who are you closest to?
- Who are you least close to?
- Who makes you feel safe in the family?
- Are there some things that happen in your family which are scary? How do you cope?
- What do you think needs to change to make things better at home?
- How do you think you can change things?
- What can other people do to change things?

Professionals should not press a child for answers; instead:

- Listen and believe what the child says.
- Reassure the child that the abuse is not their fault, and it is not their responsibility to stop it from happening.

- Depending on their age, give several telephone numbers, including Childline and Merseyside police (see Box 5)
- Explain the limits of confidentiality and your safeguarding responsibilities.

12.2 Domestic abuse framing question for young people (16-17 years old):

- You can use the adult questioning techniques (see Boxes 1 and 2) and refer to domestic abuse specialist services.
- Safety plan with young person.
- Teenage pregnancy with domestic abuse is high risk. Both MARAC and child protection procedures should be initiated.

Box 5: Help and Support Agencies for Children and Young People

Support for children:

- Young Persons Advisory Service (YPAS) 0151 707 1025
- NSPCC 0808 800 5000. This is a confidential number for children and young people. It is free on landlines and on most mobile phones.
- Liverpool Early Help Directory - [Liverpool EHD](#)
- ChildLine 0800 1111. The number is free and won't show up on a phone bill and the interactive website provides helpful support and advice.
- Early help hubs:
 - North 0151 233 3637
 - Central 0151 233 5241
 - South 0151 233 4447
- Children's social care 0151 233 3700
- Merseyside police 101 for non-emergency calls and 999 for emergency situations.

13 Good practice guidance when working with perpetrators of domestic abuse

Be alert to and be prepared to receive and clarify a disclosure about domestic abuse from an abusive person. However, remember that the majority of abusers will deny or minimise the abuse which they are perpetrating (e.g. by saying they have only hit their partner once, that the violence was mutual, out of character, or blamed on intoxication or mental illness). If a staff member discloses or is accused of being a perpetrator, always refer to your organisations HR Domestic Abuse Policy.

Remember that any form of abuse is unacceptable, and perpetrators often try and manipulate professionals as well as using children as a tool through which they can abuse the victim. Keep the perpetrator at the centre of professional attention and intervention. A perpetrator's need to exercise control over the victim will increase (not decrease) with professional intervention and they may attempt to manipulate child protection proceedings and staff.

Some perpetrators try to present themselves as victims. Try and distinguish between self-defence and abuse. If you are unsure in any way, seek advice from a specialist domestic abuse service (see appendix 5 useful contacts and information).

You may have contact with a perpetrator directly or in the context of a family. They may present with a problem such as substance misuse, stress, depression or aggressive or offending behaviour, but without reference to abusive behaviour in the household or relationship.

Before seeking to clarify a disclosure from an alleged perpetrator, professionals should first take into account their own safety, the safety of any children, the safety of the victim and the safety of any other potential victims (such as ex-partners or extended family members).

Staff should also give consideration to their organisation's 'lone working policy' where a potential risk is identified for staff members, particularly when it is known that domestic abuse is a feature. Information sharing between agencies is especially

Liverpool City Council – Multi-agency guidance for staff working with adults and families living with Domestic Abuse

important when referring to services who undertake home visits to allow for their agency to risk assess and put steps in place in line with their lone working policy.

Advice for frontline workers about working with domestic abuse perpetrator can include:

- Which interventions are safe and most effective.
- How domestic violence perpetrators may manipulate frontline workers in order to exercise power and control over their partners.
- Why anger management courses, mediation and couples counselling are not appropriate interventions for domestic violence perpetrators**
- Contact details for local domestic violence perpetrator programmes and explain how they work (see box 6 and box 7 for more information)

**This is partly due to the power imbalance that is usually present in an abusive relationship. For example, where coercive control is present, the victim is unlikely to be able to advocate for themselves without fearing the response/reaction of their abusive partner

Box 6 Good practice in dealing with perpetrators guidance:

- See the victim separately from the perpetrator when discussing abuse
- Ensure that separate workers are allocated to the perpetrator, victim and any children and that workers communicate where appropriate to keep the family safe
- Remember, and make clear to the perpetrator, that domestic abuse is about a range of abusive behaviours, not just physical abuse
- Address issues of substance misuse, mental ill health, childhood abuse or other stressors separately from the abuse they are perpetrating. These issues must not be used as an excuse
- Always ask yourself if any action you take will escalate the risk to the victim
- Responsibility for abuse must always lie with the perpetrator
- Be clear that abuse (in all its forms) is always unacceptable and is always a choice

- Be clear about what they alone need to do differently. Help the perpetrator to understand the costs and consequences around not changing
- Look for corroboration from other sources other than the victim and use these to challenge the perpetrator, rather than what the victim (or the children) has disclosed don't challenge the perpetrator with information that could only have come from the victim
- Be clear with the perpetrator about the risks that their behaviour poses to the child/children
- Be clear about the limits to the perpetrator's confidentiality where children are at risk
- Don't collude with the perpetrator by allowing them to shape your views of the victim's behaviour
- Don't be surprised if an apparently pleasant/compliant individual becomes aggressive when adequately challenged or if attempts to challenge become the focus of a complaint
- Maintain your own empathy for the victim and their children and understand that the perpetrator needs to develop a greater empathy for them
- Undertake risk assessments and put safety systems in place for staff working with perpetrators and ensure you have appropriate and effective supervision
- Remember that change is possible but will require persistence.

Box 7: Advice, Help and Support Agencies for Perpetrators:

RESPECT National Helpline: Tel: 0808 802 4040. A helpline for domestic abuse perpetrators and also frontline staff. They also have a range of resources for those working with domestic abuse perpetrators (See Useful contacts for local numbers)

MDVS Males Actively Seeking Change (MASC): Tel: 07802722703 programme for males wanting to change their behaviour.

14 Summary of helpful tips to remember

Helpful tips to remember:

- Check your records for risk information or warnings.
- Be aware of the signs of abuse, power, coercion and control (physical, emotional, financial, sexual, and psychological etc).
- Never assume that someone else will take care of the domestic abuse issues or ask about it.
- Make sure you follow the principles of safe enquiry – in private - or make a viable excuse to see the victim on their own. Get a safe contact number for the victim.
- Ask a framing question then ask direct questions.
- Keep the responsibility for the abuse explicitly with the perpetrator.
- If there is disclosure, provide validation and deal with any immediate risks, including risks to other and yourself. Contact emergency services if required.
- Discuss use of formal risk assessment tools and be in a position to assess and analyse risk.
- Offer crisis interventions (call RESPECT 0808 802 4040 for advice) if needed.
- Offer your on-going contact/support. Don't suggest or support anything that colludes with the abuse.
- Discuss possible sharing of information with other services who can help and be clear on confidentiality.
- Discuss how the victim can keep safe until you next meet. Carry out basic safety planning.
- Recognise victims will already be employing safety strategies (but may not realise this) to protect them and their children – validate and explore and build on what works best.
- Risk is always changing and so risk assessment and safety planning needs to be an on-going discussion.
- If children are at risk, follow the local safeguarding children policy and procedures. If the adult is an 'Adult at Risk' (as defined by the Care Act 2014), follow the local safeguarding adults policy and procedures.
- If the perpetrator is a staff member check your DA/HR Policy for guidance.

Liverpool City Council – Multi-agency guidance for staff working with adults and families living with Domestic Abuse

- Document your decision making and actions.
- Provide consistency and continuity and recognise it will take time for their situation to change.
- Keep engaged with the victim – act as an advocate with other support services. Follow-up referrals and don't allow cases to drift.
- Supporting victims and their children is everyone's responsibility.
- Only give out specialist services numbers that have been ratified for use by LCC.
- Record all actions on relevant information management systems.
- Follow policies and procedures on General Data Protection Regulations (GDPR).

15 Appendix 1: Staying safe, basic planning advice ***

15.1 Making a safety plan

A personal safety plan is a way of helping your client to protect themselves and their children. It helps plan in advance for the possibility of future violence and abuse. It also helps victims to think about how they can increase their safety either within the relationship, or if they decide to leave. They are probably already doing some things to protect themselves and any children, these tips may help to reduce risk too:

- Plan in advance how you might respond in different situations, including crisis situations.
- Think about the different options that may be available to you.
- Keep with you any important and emergency telephone numbers if safe to (for example, your [local Domestic Abuse organisation](#); police domestic violence team; your GP social worker if you have one; your children's school; your solicitor; the Freephone 24 Hour National Domestic Abuse Helpline: 0808 2000 247).
- Teach your children to call 999 in an emergency, and what they would need to say (for example, their full name, address and telephone number).
- Are there neighbours you could trust, and where you could go in an emergency? If so, tell them what is going on, and ask them to call the police if they hear sounds of a violent attack.
- Rehearse an escape plan, so in an emergency you and the children can get away safely.
- Pack an emergency bag for yourself and your children, and hide it somewhere safe (for example, at a neighbour's or friend's house). Try to avoid mutual friends or family. See the suggestions below on what to pack if you are planning to leave your partner.
- Try to keep a small amount of money on you at all times – including change for bus fares.
- Keep your mobile phone charged and with you.

Liverpool City Council – Multi-agency guidance for staff working with adults and families living with Domestic Abuse

- If you suspect that your partner is about to attack you, try to go to a lower risk area of the house – for example where there is a way out and access to a telephone. Avoid the kitchen or garage where there are likely to be knives or other weapons; and avoid rooms where you might be trapped, such as the bathroom which has lots of hard surfaces, or where you might be shut into a cupboard or other small space.
- Be prepared for you and your children to leave the house quickly in an emergency.

*** Source: Adapted from Women's Aid Safety Plan, found 2020:

[Women's Aid](#) (see web link for more in depth safety plan)

16 Appendix 2: Stages of change and effective interventions

16.1 Stage 1: Pre-contemplative

This stage is typically characterised by denial, minimisation, and feelings of hopelessness, defending the abuser, scapegoating or a belief that abuse is the victim's fate. This stage is often seen when a victim has been persuaded/made to seek help by a friend or professional. You can still make effective interventions with the victim at the pre-contemplative stage, e.g.:

- Provide a space to talk safely
- Acknowledge they are not ready to make changes yet
- Emphasise you are not planning to 'pressurise' them
- Offer what information you can to raise awareness to help them recognise that what they are experiencing is abuse
- Tell them no-one deserves to be abused
- Let them know that others have started where they are now
- Ask them to think about reasons they might have to consider a change
- Introduce the notion of risk
- Help them to develop a safety plan (if possible) as a way of addressing risk
- Reaffirm you are there to help
- Make arrangements to see them again.

16.2 Stage 2: Contemplative

This stage is typically characterised by a growing awareness of problems in the relationship, tentative disclosures to close friends/colleagues, the development of hazy or indefinite plans to take action in the next 6 months or so. This is often a lengthy stage of the change process with victims struggling with the reality of their situation, experiencing a great deal of anxiety about changing anything and worrying about the possible consequences of taking action. The victim is nonetheless starting to imagine/focus on what life could look like if... Other characteristics include asking

questions, wishful thinking ('I wish I knew what to do differently') and procrastination. You can still make effective interventions with the victim at the contemplative stage, e.g.:

- Provide a space to talk safely and to reflect
- Offer information on community resources including local helpline numbers
- Ask "Have you ever tried to make a change in the past?" and "What happened"?
- Help to identify the pros and cons of change
- Ask "What problems do you anticipate"?
- Discuss options to overcome their identified barriers
- Offer support ("I know you'll do the best you can...")
- Encourage them e.g. by reporting positive experiences with other victims, by offering information gained from reading/TV etc.
- Help them to develop/review a safety plan that acknowledges risks
- Make arrangements to see them again.

16.3 Stage 3: Preparation – involve specialist domestic abuse services

This stage is typically characterised by the victim being consciously aware of their problems and committed to taking action, usually within the next months. Some victims at this stage will have already taken action in the last 12 months but returned to this stage or the stage before. Small changes may nonetheless be under way, with the victim making plans and seeking out relevant information e.g. getting legal advice, gathering up the documentation needed to leave etc. Those who plan to leave are usually more successful than those who leave without a plan. You can make effective interventions with the victim at the preparation stage. These can include:

- Provide a space to talk safely and to prepare
- Recognise the value of specialised support services and offer a referral
- Ask "How can I best help you?"

- Provide full information – the positives and the possible negatives – so they are best prepared for the hurdles ahead
- Help them to set a target date to avoid premature/prolonged planning
- Help them to review their safety plan
- Help them to think about/plan for any escalation in risk
- Make arrangements to see them again.

16.4 Stage 4: Action – involve specialist domestic abuse services (risk levels increase at this stage)

This stage is typically characterised by victims who make the changes for which they have prepared. A strong commitment (of time/energy) and high activity levels mark this stage. This may include leaving the violent partner or asking them to leave. It may also include getting support from a local outreach service/support group or counsellor or asking the perpetrator to get help. It may also involve getting a job or attending training as a way of seeking further independence. Any activities that alter the abusive situation are counted as action here. Remember, that this is a dangerous stage for victims of domestic abuse so always speak to a specialist service e.g. Liverpool Domestic Advice Service if a victim you are supporting it at the action stage. You can make effective interventions with the victim at the action stage for example:

- Provide a space to talk safely and to reflect
- Recognise the value of specialised support services and offer a referral to a refuge, outreach support, support group etc.
- Schedule follow-up visits/contact to reinforce behaviour
- Check for symptoms of 'return'
- Help them to review their safety plan
- Help them to identify/manage any escalation in risk
- Make arrangements to see them again.

Remember: professionals often try to move victims to this action stage (e.g. especially where children are involved) but should note the likely impact on a victim's ability to maintain change.

16.5 Stage 5: Maintenance

This stage is typically characterised by the maintenance and consolidation of steps taken and can often be very difficult for the victim. Victims will often struggle/face numerous difficulties during this stage and often their ability to maintain the changes they have made will rely less on the thoroughness of their support plan than on the continuing availability of a support system. This is where an early exit from services such as refuges can look positive (e.g. getting their own home) but can undermine the changes the victim has taken. You can make effective interventions with the victim at the maintenance stage, for example:

- Leave the door to support/services open
- Encourage the victim to identify short term benefits or use short-term rewards to sustain motivation and maintain self-confidence
- Help them to anticipate situations that may trigger a return and to prepare coping strategies
- Be alert to symptoms of return and help the victim to see/respond

16.5.1 Implications for Practice

Frontline staff wanting to support victims of domestic abuse must:

- Look at/assess the readiness of the victim to change
- Tailor interventions and support to match the level of readiness identified

You can ask ****2 key questions to help assess readiness to change:

- Have you thought about making any changes in your current situation within the next 6 months?
- Have you thought about making changes within the next 30 days?
- No to the 1st question indicates the pre-contemplative stage
- No to the 2nd question indicates the contemplative stage
- Yes, to the 2nd question indicates the preparation stage.

Liverpool City Council – Multi-agency guidance for staff working with adults and families living with Domestic Abuse

****Assessing Readiness to Change: Frasier et al (2000) and using the stages of change model to counsel victims of intimate partner violence' Fraser et al (2001)

17 Appendix 3: Information sharing

All staff working with children, young people or vulnerable adults should familiarise themselves with the safeguarding information sharing guidance:

- For children’s safeguarding see: [Childrens safeguarding](#)
- For adult safeguarding see: [Adults safeguarding](#)

17.1 The seven golden rules to sharing information:

1. Remember that the Data Protection Act 2018 and human rights law are not barriers to justified information sharing but provide a framework to ensure that personal information about living individuals is shared appropriately.
2. Be open and honest with the individual (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
3. Seek advice from other practitioners if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible.
4. Share with informed consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, there is good reason to do so, such as where safety may be at risk. You will need to base your judgement on the facts of the case. When you are sharing or requesting personal information from someone, be certain of the basis upon which you are doing so. Where you have consent, be mindful that an individual might not expect information to be shared.

Liverpool City Council – Multi-agency guidance for staff working with adults and families living with Domestic Abuse

5. Consider safety and well-being: Base your information sharing decisions on considerations of the safety and well-being of the individual and others who may be affected by their actions.

6. Necessary, proportionate, relevant, adequate, accurate, timely and secure: Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those individuals who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely.

7. Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

18 Appendix 4: Liverpool Multi-Agency Domestic Abuse Pathway

Enabling disclosure

- There are many reasons why victims won't, or feel they can't, make a disclosure so it's important to build trust to enable a possible future disclosure.
- Always be alert to the possibility that an individual is experiencing domestic abuse and be prepared to offer support or signposting. Keep the 0808 2000 247 helpline number in your phone.
- Be aware of signs that could indicate abuse is taking place, such as physical injury (e.g. inconsistent explanations for injuries, frequent bruises, covering up injuries), controlling behaviour (e.g. partner always present during appointments, won't allow partner to talk, see others alone)
- If you need to use interpreters, ensure they are professional interpreters. Never use family members, children or friends where abuse is known or suspected.
- Only ask questions about domestic abuse when victims are on their own and in private.
- This guidance is applicable to all victims of domestic abuse. Domestic abuse is predominantly perpetrated against women by men, however it can be perpetrated within same sex relationships, by women against men, and by other family members such as older children against their parents or the extended family/community as in cases of honour-based violence. Domestic abuse impacts upon children and/or adults at risk in the household whether they are abused directly by the perpetrator and by hearing, witnessing or intervening in incidents.
- Remember: domestic abuse commonly escalates and increases in severity over time. Separation does not ensure safety; it often increases the risk. If the victim

Liverpool City Council – Multi-agency guidance for staff working with adults and families living with Domestic Abuse

wishes to separate, ALWAYS consult domestic abuse specialist agencies for safety planning advice. (See Appendix 1)

- Deal with any immediate risks, including risks to others and yourself. Check records for risk information or warnings. Contact emergency services if required.
- Never assume that someone else will take care of the domestic abuse issues. **Safeguarding is everyone's responsibility.** Seek confirmation that other professionals/agencies have acted in a way you'd expect. You may be the victim's first and only contact. Remember, victims can deny abuse is happening and minimise the risk/harm due

19 Appendix 5: Useful contacts and information

Help advice and support agencies for domestic and sexual abuse.

19.1 National Services

Table 1 National services contacts

| Service | Contact |
|---|---------------|
| National Domestic Abuse 24-hour Support Helpline for victims | 0808 2000 247 |
| Hourglass (information and support about harm/abuse/exploitation of an older person) | 0808 808 8141 |
| National LGBT Domestic Abuse Helpline | 0800 999 5428 |
| The National Stalking Helpline | 0808 802 0300 |
| Paladin (National Stalking Advocacy Service for adults and young people) | 0203 866 4107 |
| RESPECT National Helpline, support for perpetrators, male victims, professionals (9am to 5pm) | 0808 802 4040 |
| Men's Advice Line (support for men) | 0808 801 0327 |

19.2 Local Services

Table 2 Local services contacts

| Service | Contact |
|---|---------------|
| Liverpool Domestic Abuse Services | 0151 263 7474 |
| Merseyside Domestic Violence Service | 0780 272 2703 |
| Ruby Project (domestic abuse support) | 0771 428 9180 |
| RASA (support for Rape and Sexual Assault) | 0151 558 1801 |
| Savera UK (BAMER, honour based abuse & harmful practice specialist) | 0800 107 0726 |
| Worst Kept Secret Helpline (Merseyside) | 0800 028 3398 |

19.3 Children and Young People's Services

Table 3 Children and Young People's services contacts

| Service | Contact |
|---|-------------------------------|
| Childline (children can ring for support) | 0800 1111 |
| NSPCC (work to prevent child abuse) | 0808 800 5000 |
| Early Help Hubs | EHD Liverpool |
| Young Person's Advisory Service (YPAS) | YPAS |

19.4 National BAMER Services

Table 4 National BAMER contacts

| Service | Contact |
|--|--|
| Karma Nirvana (Forced Marriage and Honour Based Violence support) | 0800 5999 247 |
| The Forced Marriage Unit: (if you're trying to stop a forced marriage or you need help leaving a forced) | 020 7008 0151 |
| Female Genital Mutilation (FGM) FGM is abuse and it is mandatory to report it. For further advice and guidance on FGM | Police on 101 or Careline 0151 233 3700 / 3800 |

19.5 Local Online Support Directories/Resources

Table 5 Local online resources

| Service | Contact |
|---|---|
| Local support directories that include services for victims, children and perpetrators affected by domestic abuse | The Live Well Directory Victim Care Merseyside Early Help Directory |