**GOOD PRACTICE GUIDANCE FOR MANAGING RISKS ASSOCIATED WITH** MULTIPLE PERPETRATORS OF DOMESTIC VIOLENCE AND ABUSE IN **NOTTINGHAM CITY** 





#### **Foreword**

This good practice guidance was developed in response to the "Breaking Barriers" report 2014 for gang-affected females in Nottingham providing an evaluation of coercion, consent and potential harm. It identified the need for support for survivors (women, girls, boys and men) affected by multiple perpetrators.

This guidance will assist agencies to identify the primary perpetrator, other perpetrators / associates and the risks and safeguarding needs for the survivor(s).

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### GOOD PRACTICE GUIDANCE FOR MANAGING RISKS ASSOCIATED WITH MULTIPLE PERPETRATORS OF DOMESTIC VIOLENCE AND ABUSE IN NOTTINGHAM CITY

#### Context:

Domestic violence and sexual violence are endemic in our communities. Though women and girls are disproportionately affected, it is acknowledged that men and boys can also be impacted. Many of the principles identified in this guidance can be applied to both male and female victims/ survivors, however the 2014 report 'Breaking the Barriers' identified that for a particular group of women and girls, the experience of domestic violence and abuse is compounded through the utilisation of perpetrator associates as part of the abuse and victimisation. The technique of perpetrators utilising friends and networks to control, threaten and manipulate is common for many of those experiencing domestic violence and abuse, but for this particular group of women and girls, this method of control was exacerbated by the criminalised nature of the associates.

This guidance is designed to assist workers in responding appropriately where multiple perpetrators\* are utilised by a perpetrator of domestic violence and abuse. This guidance is aimed at managing risks and <u>does not</u> cover the more in-depth work that is needed surrounding women's empowerment, self-esteem and therapeutic needs. For more information regarding the holistic needs of women who are at risk of multiple perpetration of abuse, please read the "BREAKING BARRIERS: A report into gang affected females in Nottingham: An evaluation of coercion, consent and potential harm" Stenton-Groves, D and Wilkins, L. 2014. <a href="http://www.equation.org.uk/wp-content/uploads/2016/02/EQ-LIB-146.pdf">http://www.equation.org.uk/wp-content/uploads/2016/02/EQ-LIB-146.pdf</a>

#### **Definition:**

This guidance is designed to assist with the identification and safeguarding of domestic violence victims who are at risk from multiple perpetrators. Instances of this take place when an intimate partner, ex-partner or family member utilises associates and or/ community members as part of perpetration of domestic violence and abuse. For example; partners utilising criminal, gang, other associates or community networks. The primary perpetrator will be partner or ex-partner, pimp or family member.

This guidance does not replace guidance on working with sexual exploitation, forced marriage or honour-based violence, and should be used with careful cross reference to these<sup>1</sup>.

- \* Several key factors will be present that will make this guidance appropriate:
- Person is experiencing domestic violence and abuse
- The perpetrator utilises or threatens to use other people as part of this abuse: i.e. to undertake acts of abuse or hold the threat of the abuse by other people over the survivor
- The perpetrator is, or has associates who are criminally or gang affiliated/ or are part of extended community networks.
- A survivor is at risk of abuse from multiple perpetrators following a disclosure of abuse, providing information regarding criminal activity involving primary perpetrator and/or associates.

<sup>&</sup>lt;sup>1</sup> Refer to your agency resources for the most up to date legislation and guidance.

## IDENTIFYING WOMEN AND GIRLS WHO MAY BE AT RISK FROM, OR ARE BEING ABUSED BY, MULTIPLE PERPETRATORS:

The following may be indicators that a woman or a girl is at risk of domestic violence and abuse, or is experiencing abuse from multiple perpetrators.

|                           | Indicators  |  |
|---------------------------|---|--|
| Sexual Health             | Pregnancy. Repeated emergency hormone contraception. Forced terminations. Repeated sexually transmitted infections. Issues with condom use.   |  |
| Holding                   | Holding weapons, money, drugs either with or without knowledge.<br>No control over what is kept in the house. Risk to children living in<br>the house. Social care involvement.   |  |
| Financial                 | Dependant on others for money. Money being given. Money given as a grooming method. Buying gifts or clothes as a method of grooming. Withholding money. Loaning money with conditions attached.   |  |
| Physical Abuse            | Domestic violence from multiple perpetrators. Property damage - (tyres get slashed or a house is set on fire). Violence from the wider community and gang members if seen to 'betray loyalty' or be a 'grass/snitch'. Violence towards girls or women as retribution from one gang to get back at another gang. |  |
| Emotional Abuse           | Sexual and derogatory language. Calling girls 'slags' or 'trash'. Using images as blackmail / coercion. Threats to leave them with nothing if they do not comply. Using girls or women as objects. Using humiliation and shaming girls to keep control.   |  |
| Sexual Violence           | Rape as retribution. Being 'passed around' (repeatedly raped orally, vaginally and anally by multiple perpetrators). Using sexual images of girls and women.  |  |
| Acts of Criminality       | Drug use. Holding weapons, drugs or money. Violence to others.  |  |
| Marginalisation/Isolation | Not able to tell others what is happening due to lack of trust in services or being perceived as a 'grass' or a 'snitch'. Normalised abuse and loyalty to community means having less access to other realities.  |  |
| Mental Health             | Post traumatic stress. Disassociation, splitting or denial. Depression and anxiety. Flash backs. Childhood trauma. Personality disorders. Self Harm and or Suicide  |  |
| Education                 | Missing out on education/training or education not being seen as important. Being made to feel that you are stepping above your station if you want a good education. Risks at school if peers are also abusers. An over emphasis on education that doesn't allow for support in other areas.                   |  |
| Drug Use                  | Using drugs to feel part of a social group. Using drugs as a method of escaping what is happening. Being coerced into using drugs as a method of control.   |  |
| Going Missing             | Going missing from care homes, foster families or from home.  |  |
| Social Media              | Using social media as a way to humiliate and abuse girls. Using social media and the internet as a tool to track a girl down if she tries to leave.   |  |

Taken from 'Breaking the Barriers' Report 2014 (Stenton-Groves. D., Wilkins.L.)

#### **WORKING WITH SURVIVORS AFFECTED BY MULTIPLE PERPETRATORS**

#### Basic principles you should always apply when someone discloses:

#### Do:

- 1. See them immediately in a secure and private place where the conversation cannot be overheard.
- 2. See them on their own, even if they attend with others.
- 3. Inform the person you are working with as soon as possible what may happen if they disclose information that is a safeguarding issue. You should explore with them who you might tell, why, what will happen and what won't happen. You should also let them know who, if anybody, will be in contact with them other than yourself.
- 4. Explain all the options to them.
- 5. Recognise and respect their wishes where possible.
- 6. Perform a risk assessment using DASH risk assessment or young person's DASH RIC.
- 7. Refer to DART if appropriate.
- 8. Reassure them about confidentiality i.e. practitioners will not inform their family.
- 9. Establish a way of contacting them discreetly in the future.
- 10. If survivor is willing, try to obtain full details of any other survivor(s) and each perpetrator.
- 11. Consider the need for immediate protection and placement away from the family.

#### Do not:

- Send them away without doing something. This maybe the only 'window of opportunity'.
- Approach members of their family, community or potential perpetrators and associates.
- Share information with anyone without their express consent unless at immediate risk of harm. If there is a significant risk of harm share information with relevant agencies only.
   When considering the sharing of information use professional judgement and that each decision needs to be a defensible decision.
- Breach confidentiality (as per above).
- Attempt to be a mediator.

#### **Additional Steps:**

- Give them, where possible, the choice of the ethnicity and gender of the specialist who deals with their case.
- Inform them of their right to seek legal advice and representation.
- If necessary, record any injuries and arrange a medical examination.
- Give them personal safety advice and develop a safety plan, including how they might explain their absence.
- Follow the engagement and process steps detailed below, including mapping if possible.
- Maintain a full record of the decisions made and the reason for those decisions.

• Information from case files and database files should be kept strictly confidential in accordance with own agencies confidentiality and data protection policies. Where possible, access should be restricted to named members of staff only.

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#### MANAGING RISKS FOLLOWING A DISCLOSURE

#### Stage 1 -Identify level of risk:

Before you begin the risk assessment; inform the individual what will happen if they make a disclosure, who will be told and what will happen and who may contact them. The immediate level of risk will be suggested through the following:

- Does anyone know about the disclosure? If yes who?
- Might anyone suspect that there has been a disclosure? If yes who?
- What does she imagine will happen when they realise she has made a disclosure? It is important to listen to the woman's own assessment of risk levels.
- What does she perceive might happen?
- What is the catalyst for her disclosing now?
- If it is safe to do so and there is time, undertake a **DASH RIC**, utilise the associate map and complete the multiple perpetrator assessment form.
- Utilise what she says to assess the immediate risk, and use professional judgement

#### Stage 2 – Act on level of risk

#### NO IMMEDIATE RISK TO LIFE:

Is the person at risk but not in immediate danger? Following the initial risk assessment (used by your agency along with the DASH RIC), having identified that the person is not in immediate danger you should follow these steps:

- Refer to Domestic Abuse referral Team (DART) and ensure you utilise DASH RIC and multiple perpetrator safety plan. Ensure that you identify the case as 'At Risk from Multiple Perpetrators'.
- 2) The DART to undertake research across partnerships, including gathering any relevant information from Vanguard (Plus).
- 3) MARAC and/or Multi-Agency Meeting to take place dependant on level of risk. MARAC and/or Multi-Agency Meeting to take place no more than two weeks after the referral. During those two weeks initial safety measures will be undertaken that will not place the person at more risk.
- 4) You should explain to the survivor what is happening and in what timeframe, and that the meeting's purpose is to discuss level of risk, how can it be managed, options and ongoing care for that person.
- 5) If the person continues to be in contact with you during those weeks, continue to provide support.

6) If necessary, there may need to be a referral to refuge or similar emergency housing option.

#### **IMMEDIATE RISK OF DANGER:**

#### Is the person at immediate risk of harm?

In the instance that you have identified that the person is at immediate risk of harm:

Contact the police and inform them of the following:

- The imminent risks.
- Emphasise the risks associated with multiple perpetrators.
- How to safely contact the survivor.

If the survivor has children and there is a significant risk of harm a referral to Children's Social Care will need to be made to ensure the children are also offered protection. Inform the Duty Team on how to safely contact the survivor.

Encourage the survivor to access support from WAIS and to consider refuge/ safe accommodation.

#### Stage 3 - Providing ongoing support and maintaining engagement

It is possible that you will continue to have contact with the survivor – in this case you can take the following steps:

- a) Stay informed so that you can continue to support the survivor with what is happening.
- b) Maintain engagement with the survivor, whilst carefully managing any arising difficulties:
  - Engagement can be compromised due to levels of control exerted by perpetrators. Survivors
    may feel fearful of contact with agencies due to concerns that it will increase their risk of
    further harm or that children social care will become involved. Where possible, remaining
    flexible and accessible will enable a survivor to keep contact.
  - Survivor response and reaction to agency involvement may vary. Some survivors may appear angry and defensive. It is important to remember this can be a response to fear, rather than that they do not want help.
  - Some survivors will be accessing vital support within their communities, voluntary sector services and friendship groups. It is important to support the survivor in maintaining connections to supportive networks.

#### **LEGAL AND CIVIL REMEDIES MEASURES**

Survivors accessing legal and civil remedies will need additional protection during this process. Police, CPS and Courts will need to consider that survivors who are witnesses will be potentially at heightened risk from *multiple perpetrators* during this period.

We need to be clear with the survivor about what is available within legal and civil procedures and to recognise that protection from multiple perpetrators can be both complex and limited within the current UK legal system.

#### **PROTECTING OTHER PEOPLE:**

If you have received a disclosure but the victim/ survivor is not at immediate risk and does not want to report to the police you may want to consider how to make agencies aware of potential risks to the general public. Discuss how the survivor can find a way to disclose anonymously, not directly to the worker so it cannot be linked back to the survivor / victim and put them at risk.

Consider and offer the option of anonymous reporting, this can be done by contacting:

<u>Police</u>: Anonymously reporting a rea time risk (i.e. survivor may be aware of someone else in immediate danger).

**Crime stoppers:** 0800 555 111

**NSPCC Helpline:** 0808 800 5000 – this helpline can be used by a young person at risk from multiple perpetration within a 'gang' or young women at risk of sexual exploitation.

<u>Concerns Network:</u> If you have any information regarding people, places, activities, or vehicles which you believe may be involved with, or connected to CSE please report them via the concerns network. <u>cnm@nottinghamshire.pnn.police.uk</u>

#### **CONTACT AND WORK WITH PERPETRATORS:**

Agencies working with perpetrator(s) may want to consider the following;

- Consider how the perpetrator's criminal behaviours impact on the wider family.
- Consider appropriateness of bail address in relation to increasing risk to family.
- Evidence of recent physical violence towards survivor
- Risk of further violence, directly or indirectly.
- Children witnessing abuse and/or offending behaviours.
- Children being groomed or exploited for sexual exploitations and/or criminal activity.
- Any children at risk of harm, either directly or indirectly associated to the Perpetrator(s).
- Do they isolate the survivor(s) from family, friends and professionals?
- Does the perpetrator (s) text, call, contact, follow, stalk or harass the Survivor(s). Even after the relationship has ended?
- Any concerns relating to child contact or pregnancy?
- Does the perpetrator(s) control or attempt to control or restrict survivors freedom of movement, who they acquaint with?
- Do they have access to weapons?
- Have they made threats to kill?
- Do they talk about any abusive sexual acts?
- Have they attempted to restrict the survivors capacity to breath via strangling, suffocation, smothering, using a ligature, gagging, drowning or choking?
- Who do they involve in perpetrating abuse, for example, family, friends, criminal associates?

- Does the perpetrator pose a risk to anyone else?
- Have they harmed any animals?
- Do drugs or alcohol impact on their abuse by increasing the use of or severity of physical violence?
- Does their mental health impact on their potential to harm?
- Does the perpetrator threaten suicide? (Do you think this is as part of the controlling behaviours towards the survivors?)
- Do they have a severe history of self harming outside of relationships?
- When talking about their use of abuse (or in not describing it) do they demonstrate: Blaming other people and things for their behaviour, Minimisation of their behaviour or Denial of their behaviour?
- Increase the perpetrator's understanding of how their criminal behaviour and the behaviour of their associates could place their family at greater risk of harm.
- Increase the perpetrator's understanding of what they can do to mitigate or reduce risk to their family? (i.e. not living in the family home, not placing weapons or drugs in the family home).

After considering the above, if you have any concerns for any adults or children at risk from harm, please ensure you follow your agencies safeguarding procedures.

The perpetrator(s) must not be made aware or given any indication of any proposed attempted contact with the survivor(s). Any attempted contact with the survivor(s) should be made by/ or in consultation with specialist domestic abuse agencies.

Information relating to a survivor must not be made accessible to the perpetrator. This could increase risk to a survivor. This also includes how you record information within clinical notes.

#### MAPPING AND SAFETY PLANNING

The purpose of the mapping tool is to map out each perpetrator, identify what risks they pose and to establish connections between perpetrators. The mapping tool should support the risk assessing process.

- Mapping to initially be done with survivor using the mapping tool. This should initially be done with the agency taking the disclosure.
- Additional mapping needs to be undertaken within relevant services to utilise intelligence they may hold. The survivors mapping tool could be used as a source of preliminary information.

| ASSOCIATE  Name:  DOB:  Address:  Risk:  Connection to Perpetrator:  Any Other Known Survivors:  Connection to Survivor: | Multiple Perpetrator Mapping Tool  PRIMARY PERPETRATOR  Name: DOB: Address: Risk:                            | ASSOCIATE  Name:  DOB:  Address:  Risk:  Connection to Perpetrator:  Any Other Known Survivors:  Connection to Survivor: |
|--|--|--|
| ASSOCIATE  Name:  DOB:  Address:  Risk:  Connection to Perpetrator:  Any Other Known Survivors:  Connection to Survivor: | ASSOCIATE  | ASSOCIATE  Name:  DOB:  Address:  Risk:  Connection to Perpetrator:  Any Other Known Survivors:  Connection to Survivor: |
| Examples of connection to perpetrator:  Examples of connection to survivor:  | - Criminal - Community member - Family member - Drug dealer - Friendship group - Via perpetrator association | - Other, please specify ctivities - Other, please specify  |

# MULTIPLE PERPETRATORS SAFETY PLANNING

(to be used in conjunction with WAIS safety planning tools)

| Does anyone know about the disclosure?   | ☐ Yes ☐ No |
|--|------------|
| Details:   |            |
| Might anyone suspect that she has made a disclosure?   | □ Yes □ No |
| Details:   |            |
| What does she think will happen if the perpetrator or ass<br>It is important to listen to the woman's own assessment |            |
|  |            |
|  |            |
|  |            |
|  |            |
| What is the catalyst for her disclosing now?   |            |
|  |            |
|  |            |
| DASH RIC risk rating:  |            |
| Have you completed the mapping tool? ☐ Yes   | □ No       |
| Perpetrator Name:  | Nicknames: |
| Identified perpetrator associates:   |            |
|  |            |
|  |            |
| Can she be contacted safely? ☐ Yes   | □ No       |
| How might we arrange a contact?  |            |
|  |            |
| Do they have Access to safe accommodation? If no is it needed?   | □ Yes □ No |
| Details:   |            |
| Is a change of name needed if possible?  | ☐ Yes ☐ No |
| Details:   |            |