

DOMESTIC VIOLENCE WORKSHOPS

14 January 2011

Police

58. Do all agencies have knowledge of what each roles are and what they can offer?
 - (a) Directory of Services / referrals
 - (b) knowledge of victim (perception or what might happen)
59. Barriers
 - (a) stigma
 - (b) effects on life at work
 - (c) effects on children and family
 - (d) loss of control
60. CAF
 - (a) need for clear process for referral
 - (b) sharing of info
61. No HRG code for DV – Cardiff model
62. Operation Outreach
 - (a) immediate support
 - (b) taking time to problem solve and alternatives to Court
 - (c) overall referrals when doesn't reach a MARAC

Group D

63. Unsupported prosecution – needs support from Harbour as well as Police
64. Do all agencies know about what each roles are - RASPO
65. Barriers – stigma to reporting – roles that people are in do they conflict their need to report – 'What can we do as employers?'
66. Implications to whole family to report older siblings. Will they be wary to report due to fear family be taken away – fear – will children be taken away?
67. Effect on children even when not seeing they still hear when upstairs
68. Alcohol misuse – key issue in cases and some will be fuelled by alcohol
69. General public actually realising they are suffering DA (no physical beating)
70. Report to Housing when they want to move
71. fear of SS, media encouraging view children will be taken away
72. employers having confidential reporting policies
73. Harbour do look to fast track LA workers and give option to work in another town
74. perpetrator working – perception that this doesn't happen. Educating people
75. many services out there, esp involved in CAF that can provide support, early interventions to prevent further escalations

Group A

76. How to encourage victims to attend Court
77. encourage people to report by explaining facility of SDV Court (LH gave details on SDV Court)
78. how can we access and use IDVAs?
79. is there an interim stage for the victim or an alternative to Court (MW – injunctions as one example), looking at a much less informal approach. Mediation and support from all agencies. Which is known to the victim? Is there such a system?
80. mediate with victim and perpetrator separately!

81. consultation with victims carried out? What do they think?
82. sentences so lenient that people think 'What's the point?'
83. mediation key
84. victim breaches injunction by visiting prisoner (they just want violence to stop and not the relationship)
85. do not want to send father of children to prison
86. root causes – drug substance misuse issues etc. Is partner only thing in life?
87. first action after incident – separate and then discuss and support victim to help them to make a decision – description of Op. Outreach given by LH. Also used to have Police callbacks and experimented with perpetrator callbacks
88. new DV cases – i.e. the number of new cases coming through rather than just focus on repeats

Group B

89. What of children not referred into SS following abuse incident
90. does a referral into school happen? School has obligation to protect child too – only basic training in recognising signs – links into CAF
91. it is about the funding of who can complete this task prior to the CAF completion? What is the role for the Police and a gap with the info they had?
92. Do under 5s automatically get referred? – would it be health visitors that would involve Sure Start?
93. Process that links schools, Police etc – who and where is info shared? A & E? Who from Police shares with health? Gap here and people could be slipping through net.
94. PCT – would they flag a DV victim to other agencies? HRG codes in hospitals – DV doesn't exist as a code, so hospital would not get paid. SO IT IS HIDDEN! Now looking at providing a system within that to find DV (based on Cardiff model) and the sharing of information

Group C

95. Focus on top two questions
 - (a) What are the barriers to reporting DA?
 - (b) What are the alternative mechanisms to reporting?
96. No referrals to substance misuse services, if case doesn't get to MARAC (gap with people who are not engaging with Harbour)
97. Look at telling them they will be referred as opposed to giving a choice (like what was done with Probation and referrals to Harbour)
98. Brief intervention training for Vulnerability Unit?
99. Directory of Services / Directory of Referrals
100. Fear – don't want to lose what they have – Pride
101. Time & support to discuss with victim what is available
102. Fear of unknown – will there be questions around capability of caring for children, carrying out job
103. Will I have to leave everything? Confidence to do this, not knowing what else is available
104. Gap in hospital referring to Harbour even when they haven't selected a code. Important to share information.