

Camden MARAC Workshop

Katie London
Standing Together Against Domestic Abuse

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Standing Together Against Domestic Abuse

- Standing Together Against Domestic Abuse is a UK charity working with communities and local services to keep people safe and end domestic abuse
- We pioneered the Coordinated Community Response bringing together local agencies that play a part in tackling abuse, from prevention to prosecution and beyond
- We try to ensure systems keep survivors safe, hold abusers to account, and prevent domestic abuse
- We deliver training and develop resources to make sure professionals in public services feel confident dealing with disclosures of domestic abuse safely and effectively
- We coordinate five London MARACs: Ealing, Hammersmith & Fulham, Kensington & Chelsea, Westminster & Haringey.
- Over the years we have influenced national and local government, ensuring a better response to domestic abuse

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LEARNING OUTCOMES

- 1 Explore the definition of domestic abuse
- 2 Explore Power and Control Dynamics of abuse
- 3 Recognise the risks and use your professional judgment to escalate cases of domestic abuse
- 4 Understand the purpose and workings of the MARAC
- 5 Understanding your role as a MARAC rep



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Ground Rules



Mute your mic! (unless you need to speak)



Confidentiality



Punctuality



Participation



Respect

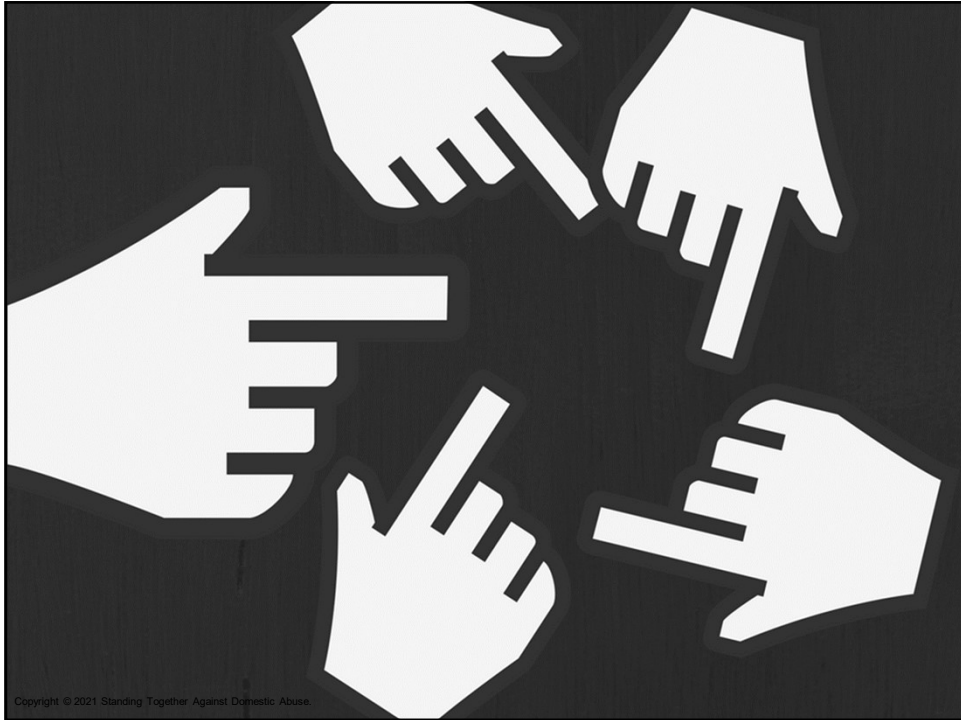


Take good care of yourself!

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Introductions



- Name
- Role
- Area
- State one thing you would like to learn from the session today

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Domestic Abuse Quiz

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Domestic Abuse Quiz (answers)

1. Approximately how many people a year (aged 16-59) experience domestic abuse in the England and Wales?
A. 2 million B. 279,000 C. 875,000
A. 2 million
2. How often do the police receive calls related to domestic abuse in the UK? Every:
A. 30 secs B. 30 mins C. 30 hours
A. 30 secs
3. How many victims were murdered as a result of domestic abuse between 2014-2017 in the UK?
A. 400 B. 112 C. 315
A. 400
4. What percentage of the above were female victims?
A. 54% B. 32% C. 73%
C. 73%
5. In what year did it become illegal for a husband to rape his wife in the UK?
A. 1972 B. 1964 C. 1991
C. 1991
6. Domestic abuse happens because of:
A. Drugs B. Unemployment C. Stress
D. Alcohol E. Mental Illness
F. All of the above G. None of the above
G. None of the above

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What is coercive control?

When a perpetrator repeatedly behaves in a way that makes you feel controlled, dependent, isolated or scared.

Recently covered in law.

Examples:

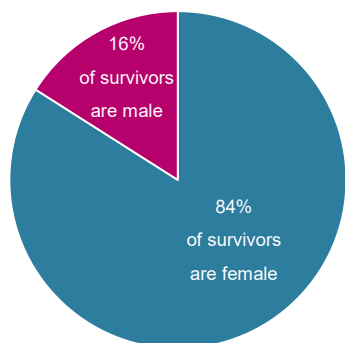
- Monitoring your activities and movements
- Repeatedly putting you down, calling you names or telling you you are worthless
- Forcing you to take part in criminal activity
- Damaging your property or household goods
- Isolating you from friends and family
- Telling you what to wear
- 'Gaslighting' – telling you things never happened when they did

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Gendered Nature of Domestic Abuse



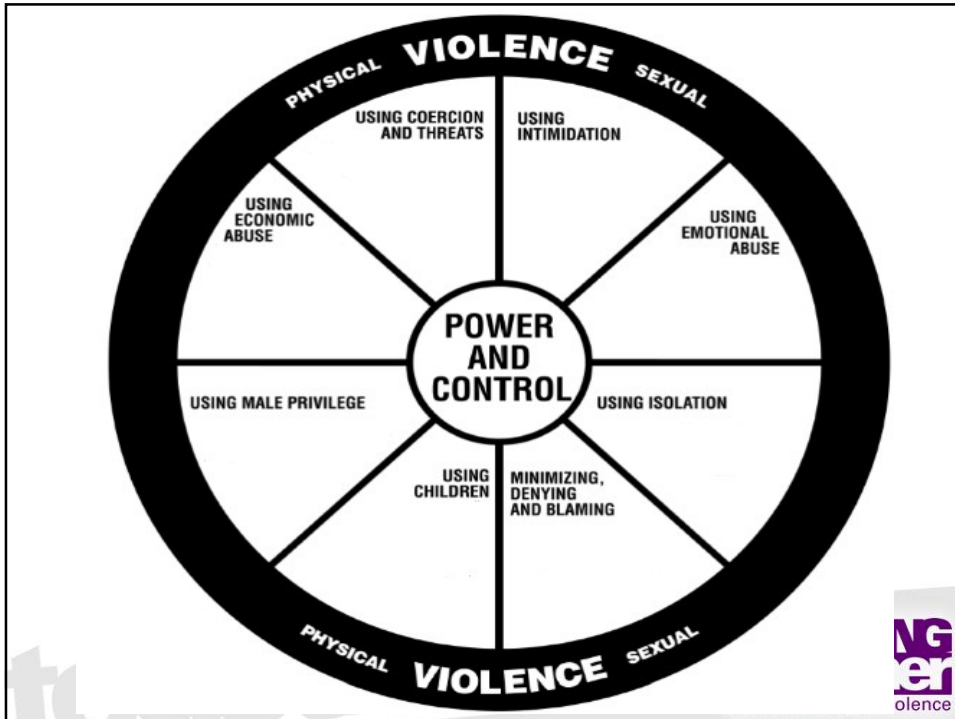
Crown Prosecution Service- VAWG Crime Report 2014/15

Research informs us that in terms of scale, scope, range of abusive behaviours used, and in the **repeat pattern of abuse**, this is a crime in which the majority of perpetrators are male and survivors are female

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Exercise: Power & Control

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EXERCISE: Power & Control

1. Examine the case study and underline any tactics of domestic abuse.
2. As a group, discuss under which categories on the wheel you feel these might fit under
3. Write the tactic under the relevant category

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Case Study - Deborah

My disability meant I fainted a lot, though like a lot else it was made so much worse by the tension and the fact that my ex made me do so much around the house ... I would pass out on the floor ... and I would come round to him looming over me, shouting at me for being so stupid." Deborah needed her husband to help meet her personal needs. It was help that was routinely withdrawn.

"My ex constantly used my dependence on him against me," she says. "When I was so ill I couldn't fend for myself at all, he would threaten not to prepare food for me – and sometimes, he really wouldn't, so I didn't get a hot meal." Her husband cited various objections to a shower seat too. He would refuse to help her wash and then complain about "the state" she was in.

Deborah's husband would describe her as a "psychological vampire", whose needs sucked all his energy. "He would tell me what an inconvenience I was, not just to him, but to other people," she says. "Sometimes he'd give me this lecture in front of friends and family."

Deborah's husband often threatened to leave her or throw her out. "I was terrified of what would happen to me then," she says. "But I really didn't think I had any other options." In 2010, Deborah left her husband.

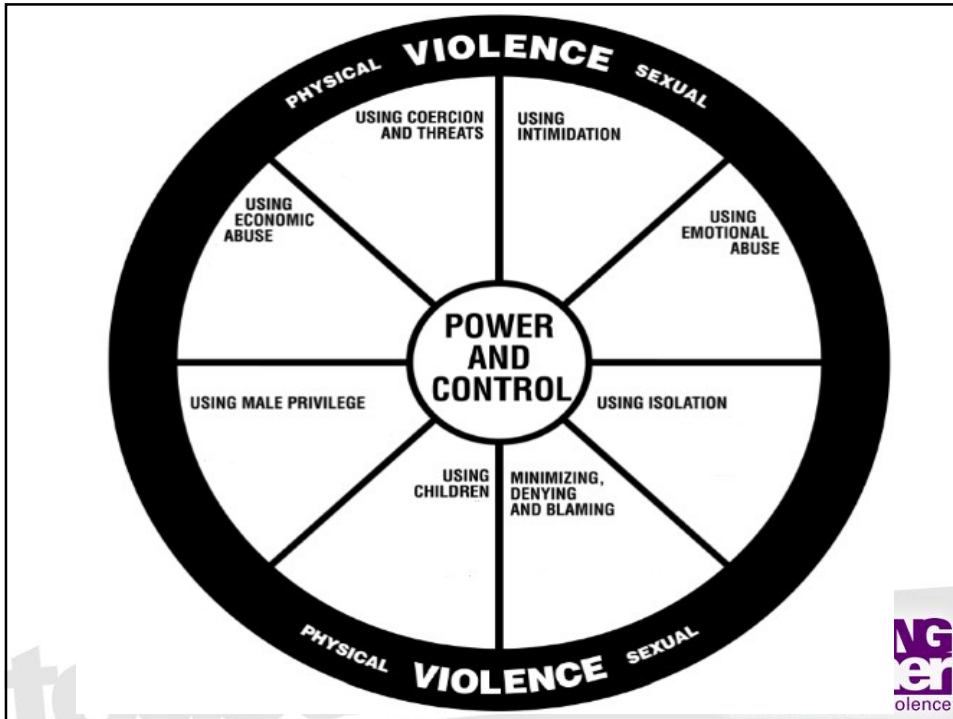
Unable to use public transport, Deborah had no way of getting to her new accommodation. At one point, this meant her ex was planning to drive her. "To be honest, I have my doubts I'd have ever got there," she says. "But I couldn't drive and I couldn't take a coach or a train."

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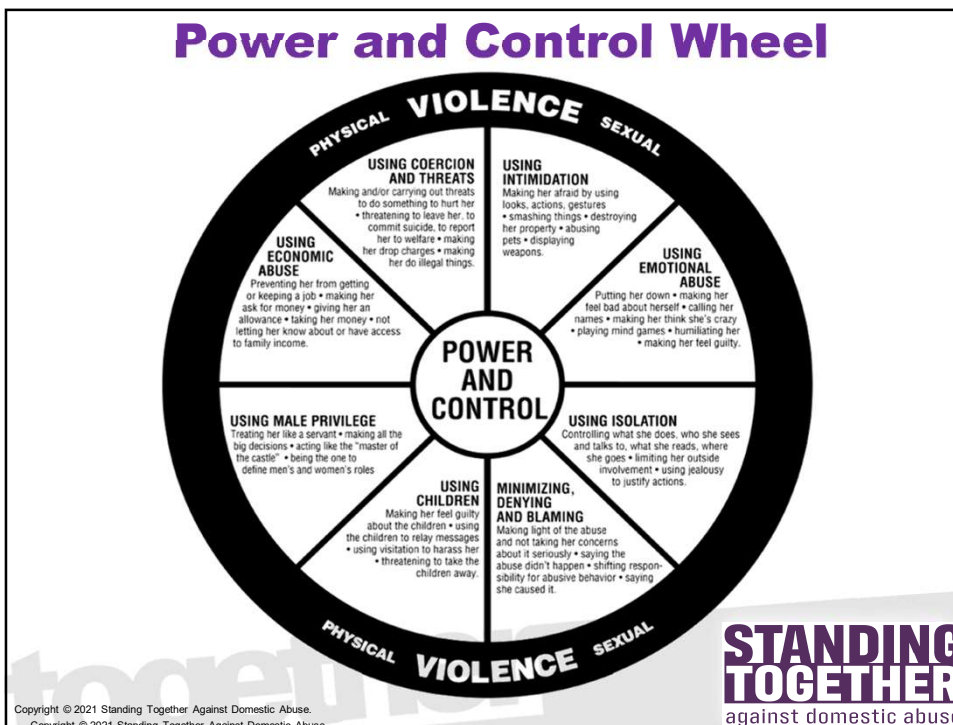
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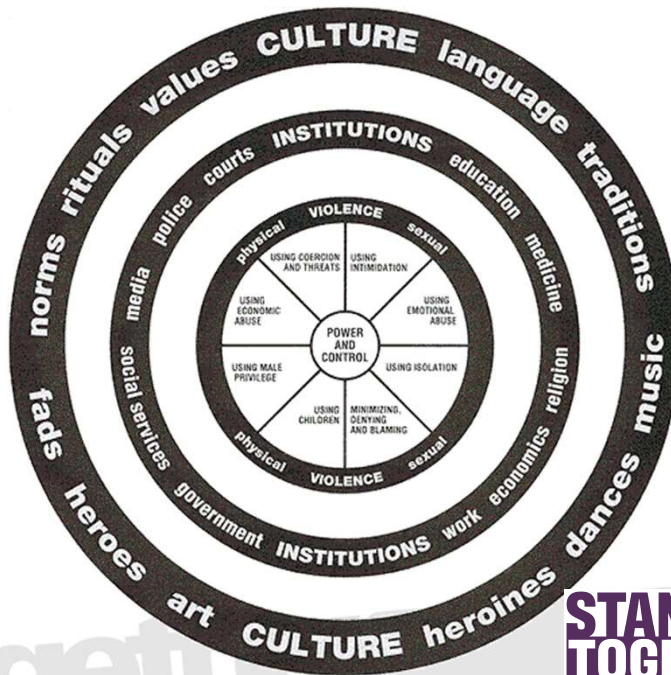
Equality Wheel



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BREAK



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MARAC




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MARAC



- MARAC is more than just a meeting: It is a **multi-agency process**
- Aims to **reduce the risk** to those victims/survivors of domestic abuse who are assessed to be at **high risk** of serious harm or homicide.
- **Partnership arrangement** - agencies work together so that effective and safe interventions can be planned and put in place.
- **Holding each other to account** & professionally challenging each other to reach the best and most creative outcomes for victim/survivors.
- The **survivor's voice** should be at the centre and the action plan reflective of this

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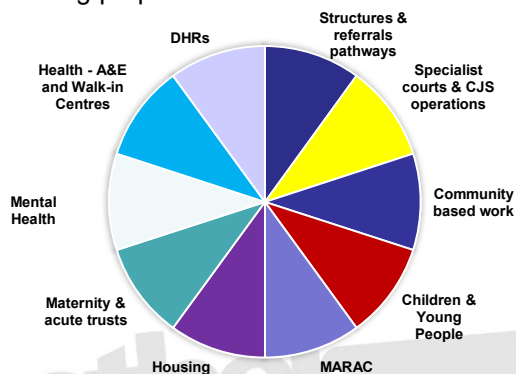
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MARAC



- Underpinning MARAC is the **Coordinated Community Response (CCR)** model
 - Risk cannot be managed by one agency alone. Working as a **collective**, agencies can help keep survivor's and their children safe whilst holding perpetrators to account.



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Camden MARAC



- Survivors must be residing within Camden borough
- Meetings take place fortnightly on Teams
- Agencies send research 2-3 days before the meeting
- Referral rates for Camden MARAC:
 - 2019 – 411 Referrals
 - 2020 – 434 Referrals

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Camden MARAC



- Positives of Camden MARAC:
 - Reps flexibility during COVID-19 pandemic
 - Shift to ensure more consistency of MARAC Reps
 - Commitment from all involved
 - Engagement of the hospitals
 - Police recognise there needs to be more consistence with the chairs

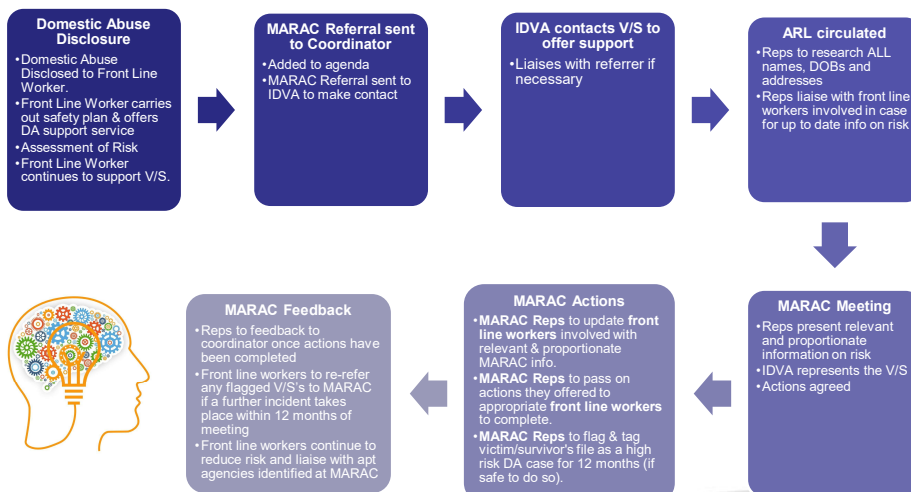


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MARAC Process Flowchart



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Referrals



- **Ensure you include details in your referral on:**
 - Safe contact arrangements with the V/S
 - Relevant and proportionate information – *fact not opinion*
 - Date & details of the **most recent incident**
 - **Brief background** information and most serious incident
 - Most prominent **risk** factors
 - Actions **already undertaken** to address the risks and actions **still required**
 - Victim/survivor's **wishes**
- When referring to the MARAC, staff should **continue** to work with the victim/survivor to **reduce risk** and make appropriate safeguarding referrals and referrals to support services both prior to and following a MARAC.

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MARAC Consent

- Survivor's consent to referral **preferable**, but **not required**
- Survivor should **always be informed unless unsafe** to do so
- Perpetrator **NEVER** to be made aware of MARAC

REMEMBER

Take time to explain MARAC to make sure the survivor understands the process and how it can help

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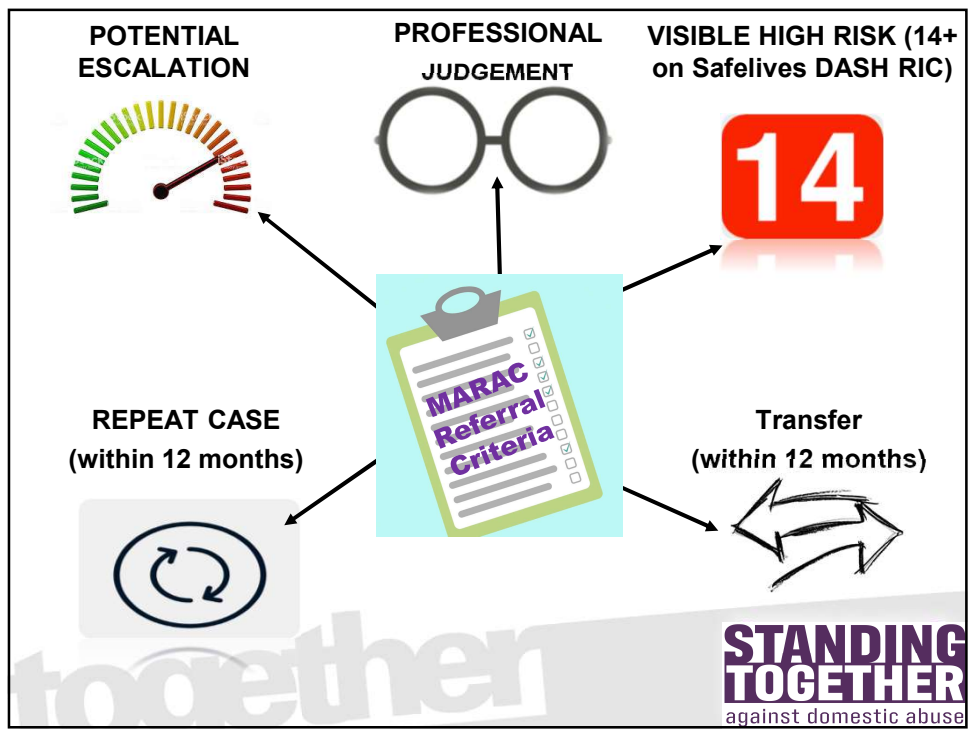
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MARAC Referral Criteria & Risk Identification



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Potential Escalation

A number of incidents over a period of time, which may indicate:

- Escalation in frequency
- Escalation in severity

For example, frequent police call outs in 12 months, frequent visits to A&E

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Visible high-risk (14+)


- You have completed a SafeLives Domestic Abuse, Stalking, Honour Based Risk Indicator Checklist (DASH-RIC) with the victim/survivor and they scored 14 or more **yes** ticks
- **DASH-RIC:**
 - A shared language / tool across agencies
 - Patterns identified through research & DHR learnings
 - **24** indicators of risk divided into **5** areas:
 1. **Nature** of the abuse
 2. **Historical** patterns
 3. Victim's **perception** of risk
 4. **Specific factors** associated with an incidents
 5. **Aggravating** factors

(Note: We do not recommend you complete a SafeLives DASH Risk Assessment if you have not been professionally trained to do so)

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 **Professional Judgement**

High risk indicators:

S P E C S S S

Separation Pregnancy Escalation Cultural Stalking Sexual assault Strangulation

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 **Professional Judgement**

S – separation

- are they planning on leaving or have within the last 12 months?

P – pregnancy

- are they pregnant or recently had a baby?

E – escalation

- is the abuse getting worse or happening more often?

C – community isolation

- Is there a language barrier, immigration status barriers, multiple abusers, forced marriage, Female Genital Mutilation?

S – stalking

- Does the abuser constantly contact, text, follow, harass, show up unexpectedly?

S – sexual assault

- Does the incident relate to a sexual assault or rape?

S – strangulation

- Has the abuser ever attempted to strangle/choke/suffocate/drown the V/S?

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Repeat Referrals

If the victim/survivor has been referred to MARAC in the last 12 months and there has been ANY instance of abuse from the same perpetrator to the same victim/survivor:

A repeat incident is any of the below whether or not they have been reported to police:

- A) *Violence or threats of violence to the victim (including threats against property);*
- B) *Stalking, harassment, or any unwanted direct or indirect contact;*
- C) *Rape or sexual abuse;*

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Transfer

- If the victim/survivor has been referred to MARAC in the last 12 months and has moved out of area then a MARAC transfer is required.
- Notify the MARAC coordinator with the updated address and request a transfer
- Inform the V/S (where safe)

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Lunch Break



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Recap of the morning

1. Dynamics of domestic abuse
2. MARAC as a process
3. Submitting a referral
4. Referral Criteria



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Exercise: Risk Mapping



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Assessing Risk

- **SafeLives DASH RIC**
 - **DASH:** Domestic Abuse, Stalking & 'Honour'-Based Violence
 - **RIC:** Risk Indicator Checklist
- **Patterns identified through research**
- **24 indicators of risk**
- **A shared language / tool across agencies**



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Risk Mapping onto DASH-RIC

Working with your group

- Read the case study
- Note any risks that you identify
- Map the risks in this case onto the DASH, and then record the number of total:
 1. 'yes' answers,
 2. 'no' answers, and
 3. 'don't know' answers you have



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Case Study - Amir

Amir is 18 years old and studying A-levels at college. He has just run into the Police Station at 10pm in the evening. He has bruising, cuts, minor injuries, his shirt is torn, he has no shoes and appears very frightened and distressed.

When spoken to Amir says that he has run away from his parent's house as they were beating him. He says he has nowhere else to run to be safe.

Amir reveals that his parents found out that he is gay. This is against their religious beliefs. Ever since they found out three months ago the violence and harassment against Amir escalated. His parents scream and shout that this is 'shameful' 'against nature' and worse. Today they beat him with a wooden rolling pin. The day prior they pinned him to the floor and shaved his head as they felt his hair was too 'feminine.' They have taken most of his clothes and possessions away. Two months ago, they forced him against his will to travel to Nigeria. Amir was terrified, he was made to wear a smock and kept locked in a room near the Mosque. Everyday people came in to pray over him and he was forced to drink vile brown liquid. Amir is convinced he was only released because he pretended he wasn't gay any more.

His parents have threatened to 'get the whole family around' which is something Amir appears very frightened of. He has a younger brother who is 9 years old and who has witnessed this violence and abuse.



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Case Study - Aliyah

Aliyah and her partner Dean have been sleeping out together for 6 months. Dean is a long-term rough sleeper, has been in and out of prison, and is well known to services. Aliyah came down from Birmingham 6 months ago and met Dean on the streets. Both are using crack, heroin, and alcohol daily.

The first time you meet Aliyah, Dean is with her and he clearly isn't happy about her talking to you. You manage a 2-minute chat where she tells you that she has come down from Birmingham and does not have any family or support networks in London. She is so grateful for Dean's support, that he really looks after her on the streets and she doesn't know what she would do without him. Dean interrupts your conversation, telling you to mind your own business.

The next time you see Aliyah she is on her own and begging. She tells you she thinks she might be pregnant and is very distressed. She tells you that she has been begging and sex working to pay for drugs for herself and Dean and does not know how things ended up like this. She loves Dean, but this is killing her; she has already had one child taken away and she does not know if she can do this again.

You notice that Aliyah has cuts and burns on her arms. When you ask her about them, she tells you that she has been self-harming to try and deal with the stress. You notice that Aliyah also has bruising on her neck. Aliyah tells you that her and Dean had a big argument last night. She is not allowed to keep any money on her for her own safety, and Dean buys her alcohol and scores the drugs. She really needed a can, but Dean would not get her one, and she think she blacked out, but she can't remember.

Aliyah says that you should leave, that Dean would go mad if he saw her talking to you. When you ask her if she is scared of Dean, she says that she isn't and that he carries a knife, but that he's all 'hot air'. When you ask what she thinks she needs now, she asks you if you can get her a medical appointment because she's feeling really low.



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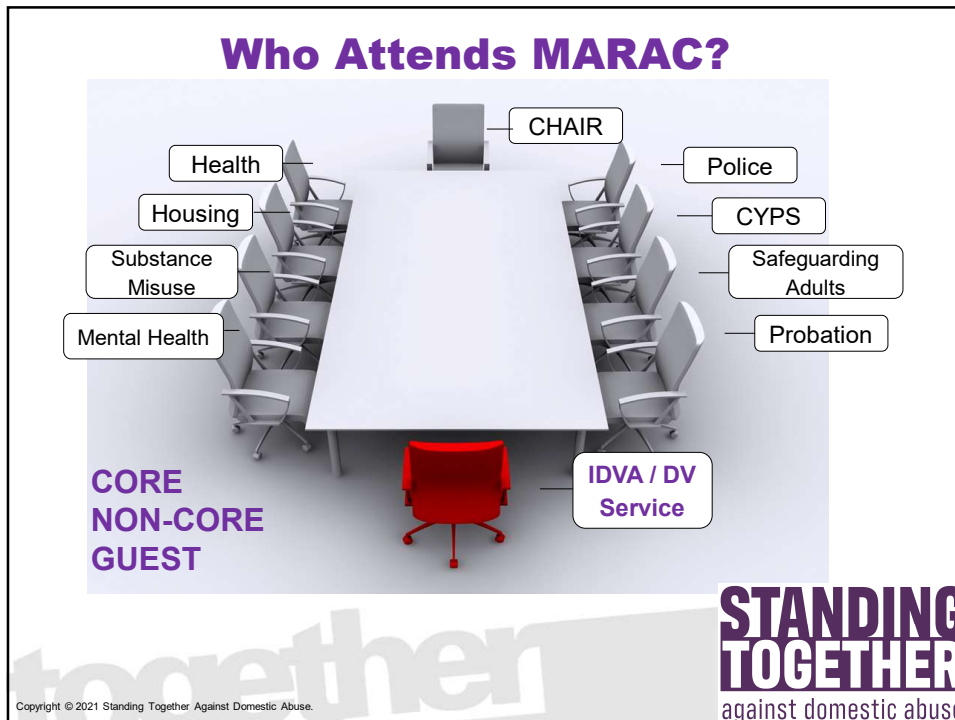


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Who Attends MARAC?



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Role of the MARAC Coordinator

- To **coordinate** the MARAC process through organisation and administration of referrals and the meeting that sits within that process.
- Provides **support** and **inductions** to new representatives and Chairs.
- Delivers **MARAC training** to frontline staff on domestic abuse awareness, risk identification, MARAC processes and protocols, referral thresholds, and specialist services.
- Produce **monitoring & performance** reports for the steering group and governance boards.

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Role of the MARAC Chair

- To facilitate and Chair the MARAC meeting to ensure it remains risk **focused**, **succinct** and **efficient**.
- Chairs are currently from the Police and bring **expertise in risk management** and the authority to direct police actions where necessary.
- The Chair is key in ensuring that the MARACs are **consistent** in their approach, **transparent** and there is **accountability** from all partners.



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Role of the IDVA

- The IDVA role is **pivotal** to an effective MARAC.
- They **coordinate** the multi-agency response to the victim/survivor and are their **voice** throughout the process.
- **Experts** in **risk** and **safety** planning.
- Keep the victim/survivor **informed** of any decisions made by the other agencies where safe to do so, and to make sure that the other agencies provides their service **safely**
- SafeLives research shows that where IDVA has engaged the victim/survivor and supported them through the process, **65%** will see a cessation in the abuse.



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Role of the MARAC Rep

- To **represent** their organisation in the MARAC process
- To **promote** MARAC within their organisation and **advise** colleagues
- To work **collaboratively** as part of the multi-agency response to domestic abuse; undertaking the research so that risks can be identified, assessed accurately and actions put in place to reduce the risks.
- Each representative brings with them their own **expertise** in their individual fields that is essential when identifying risks from information shared.



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Role of the MARAC Rep

- **Quality assure** referrals to MARAC so they are accurate and appropriate
- **Research** all cases on the MARAC agenda
- **Present** any referrals at the meeting
- Provide **relevant** and **proportionate** information for known cases
- After the meeting, will **feedback** from the MARAC, either to referrers or to teams, **relevant** and **proportionate** information required to complete actions.



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Agencies at MARAC

- Police
- IDVA
- Probation (both NPS & CRC)
- Children's Services
- Adult Safeguarding
- Mental Health
- Health
 - Maternity care
 - Secondary/Acute Trust (Safeguarding teams/A&E)
 - Primary Care
 - Health visiting/School Nursing
- Substance Misuse Services
- Housing (Local Authority and housing associations)



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BREAK



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Preparing for MARAC



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Research



- **All cases** on the ARL should be researched to establish if the V/S, perp or children are known to your agency.
 - Establish if all details are **correct** and note any issues
- If your agency made the referral, make record under **which criteria** and **why**
 - Be prepared to present first on these cases
 - Ensure you have a copy of the referral made by your agency

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Research

Make note of the following:

- **Relevant account** of abuse or circumstances known to your agency which the panel needs to be aware of (please include dates)
- **Last contact** with V/S/Perp/Children
- Most **prominent/concerning** risk factors
- **Perpetrator** specific considerations
- **Children** specific considerations
- **Additional factors** to consider such as mental health, alcohol, substance use, immigration status
- Any other adult / vulnerable adult at risk?
- Front Line Worker details, any other agencies involved you're aware of with their name and contact info.
- Review previous minutes for **repeat** cases



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Attending MARAC



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Confidentiality & Virtual Working



- As agencies are working in a virtual setting, it is crucial that thought and consideration is given to **confidentiality**
- Attendees are should wear **headphones** if they do not live alone and to move into a room where no other persons are present.
- Agencies are required to ensure that any devices being used for home working are **secured** and **not accessible** to any other household member.
- Any **breaches** of confidentiality should be raised immediately with the MARAC Coordinator, chair and Steering group.

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Presenting the case

Presentation at the MARAC should be:

- **Brief** and **succinct**
- Information is **relevant** and **proportionate**
- Focused on the identified **risk** factors
- Outlines the victim's **concerns** and **wishes**
- **Repeat** cases - provide an update since the case was last heard.
 - *Reps should familiarise themselves with the minutes from the previous case ahead of the meeting*
- The **referring agency** will be asked to present **first**
- **All** agencies will be expected to participate in information sharing

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Group Exercise: Relevant and proportionate information



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INFORMATION	YES/NO
1. Four years ago, survivor received a broken rib due to an assault from Perp and had to attend A&E	Yes
2. Perp is known to be a current gang member	Yes
3. Perp has threatened to 'out' survivor to their family, as they are unaware he is gay	Yes
4. Survivor was arrested for shoplifting three years ago	No – unless coerced by perp
5. Survivor's parents forced her to marry when she was 21	Yes
6. Survivor has a mild learning disability	Yes
7. Perp was found guilty of attempted murder ten years ago	Yes
8. It is in my opinion that survivor is delusional and is not taking the correct steps to protect herself	No
9. Survivor and Perp's child went to hospital in 2013 with a high temperature/rash	No
10. Perp has kicked survivor's dog	Yes
11. Survivor and Perp are in a volatile relationship	No
12. Survivor's elderly mother lives at the same address as the survivor	Yes

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Confidentiality and information sharing



- Information shared at the MARAC is confidential and is only used for the purpose of reducing the risk of harm.
- Examples of Legal Basis for Information Sharing
 - Data Protection Act
 - Human Rights Act
 - Crime and Prevention Act
 - Caldicott Guardian Principles
- Therefore, only **relevant** and **proportionate** information around the risk can be shared.
- Ensure information shared is **fact** and not opinion based.

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Action Planning



- Once all information is shared the Chair and MARAC will identify current risks and potential triggers.
- Representatives will volunteer actions to reduce risks.
- Whilst the MARAC process is survivor focussed, the perpetrator poses the risk and so all action plans should seek to have actions that serve to manage, disrupt, divert or proactively prosecute the perpetrator.
- Actions are completed within time frame agreed and the rep will inform the MARAC Coordinator of completion.

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Group Exercise: Action Planning



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Action Planning

Risk Factor

- A. Perp has made threats to burn down the V/S's home
- B. Perp has threatened to take the children out of school
- C. Perpetrator has keys to the survivor's house
- D. Perp has a history of violence towards their ex-partner
- E. Survivor misuses substances
- F. Survivor has No Recourse to Public Funds and cannot access benefits

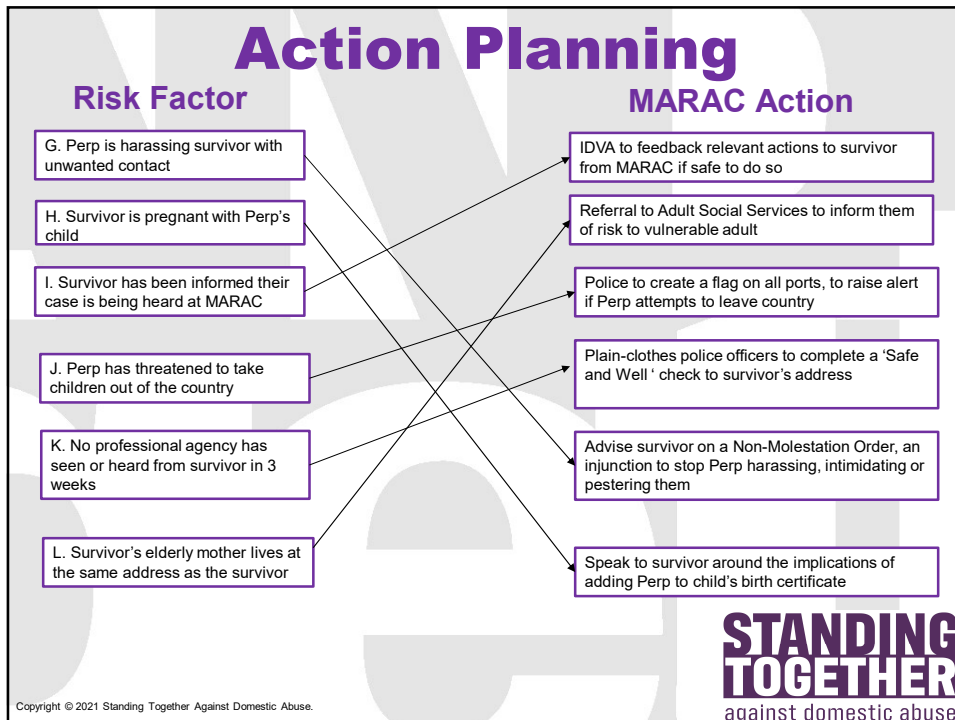
MARAC Action

- Request the local council or Sanctuary Scheme change survivor's locks
- Request Clare's Law/DVDS
- Discuss with survivor a referral to the local drug/alcohol service
- Referral to Fire brigade for fire risk assessment and fireproof letter box
- Create an immigration letter to help regularise survivor's status
- Apply for a Prohibited Steps Order and inform school

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Action Planning

- The action plan will identify risks and actions need to be **SMART**:
 - *Specific (simple, sensible, significant).*
 - *Measurable (meaningful, motivating).*
 - *Achievable (agreed, attainable).*
 - *Relevant (reasonable, realistic and resourced, results-based).*
 - *Time bound (time-based, time limited, time/cost limited, timely, time-sensitive).*
- Flagging V/S's files post MARAC – How do you do this within your organisations?
- Actions are the responsibility of the individual agency to complete

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Action Planning

- Consider multiple disadvantages
- Consider protected characteristics and how this will impact on the vulnerability of the V/S
- Creative action planning
- Consider what actions your agency can offer prior to the meeting – do you have examples of these?

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Perp Management

- Consider any triggers that could increase risk related to the perpetrator
- Keep the IDVA updated on any work being carried out to manage perp risk
- Responding to counter allegations during the meeting to ensure primary aggressor is identified

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Example MARAC Actions

Risk	Action	Agency	Date
Housing	Provide housing letter to support move	STADV	02/03/18
Harassment	Place Special Schemes on V/S' address	Police	06/03/18
Harassment	Complete paperwork for restraining order application	police	06/03/18
Sexual assault	Offer V/S a referral to Rape Crisis	IDVA Agency	06/03/18
Perp's abusive behaviour	Offer perp a referral to DVIP	CYPS	06/03/18
Perp's abusive behaviour	Inform IDVA when perp is due to be released from prison	Probation	01/04/18
Risk to child	Inform school of the domestic abuse so they can support child	Education Welfare	06/03/18
Coercive control	Make care coordinator aware of the domestic violence, and that V/S should be seen alone	BEH MH	06/03/18

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Post MARAC

- Minutes will be circulated after the meeting
- The minutes will be as **succinct** as possible & a contemporaneous record of what was shared in the meeting.
- The action plan is a **clear succinct record** of risks identified and actions that have been agreed with time frame.
- Reps to ensure any **urgent** actions are underway prior to minutes being sent out.
- Actions are completed within **agreed time frame** and the rep will **inform** the MARAC Coordinator of completion.

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Post MARAC

- IDVA Service provides **feedback** to victim/survivor about actions **involving them**.
- MARAC Reps to update front line workers involved with **relevant** & **proportionate** MARAC information.
- MARAC Reps to pass on actions they offered to appropriate front line workers to complete.
- MARAC Reps to **flag & tag** victim/survivor's file as a high risk DA case for 12 months (if safe to do so).
- Front Line Workers continue to **reduce risk & liaise** with appropriate professionals as identified at MARAC. **(CCR)**

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Information Sharing Issues



- MARAC Co-ordinator can only information share with the MARAC rep
- Information **cannot** be shared with 3rd parties e.g. CPS, in court, housing
- Case should only be referred if you are satisfied it is **high risk** of serious harm or homicide (DA related)
- All MARAC information to be stored in a confidential & restricted manner for professionals only - If you are not a MARAC rep you **should not** be able to access the full minutes of any case.

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MARAC Coordinators Contact Details

- marac@camden.gov.uk (non-secure)
- marac@camden.gov.uk.cjism.net (secure)
- T: 020 7974 1403



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Key Local Support Services

Camden Safety Net

- IDSVA service that provides support to survivors of domestic abuse and/or sexual violence. Service includes:
 - Support to men and women
 - Support for sexual abuse (DVA and non DVA)
 - Co-locations within different services (housing, children's mash, police, mental health services, hospital A&E & Maternity, substance abuse services)
 - Trainings to raise awareness on DVA

Contact:

- camdensafetynet@camden.gov.uk / Phone 020 7974 2526



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OTHER SUPPORT SERVICES

- **NATIONAL DOMESTIC VIOLENCE HELPLINE:** 24-hour helpline for refuge spaces nationally for women and children, **0808 2000 247**
- **NATIONAL LGBT + DOMESTIC ABUSE HELPLINE:** Emotional and practical support for LGBT+ people experiencing domestic abuse, 0800 999 5428 / help@galop.org.uk
- **KARMA NIRVANA:** Advice and support for victims of honour-based abuse and forced marriage, UK Helpline 0800 5999 247
- **SOUTHALL BLACK SISTERS:** Advice and support for black & minority ethnic women experiencing all forms of gender-related violence, Helpline 0208 571 0800 / Enquiries 0208 571 9595
- **RESPOND:** Support for people with learning disabilities who have experienced trauma / abuse, 0808 808 0700
- **SIGN HEALTH:** Domestic and sexual abuse support for the deaf community, 020 3947 2600 / text 079 7035 0366
- **STAY SAFE EAST:** Support for disabled survivors of abuse, 0208 519 7241, SMS Text: 07587 134 122, enquiries@staysafe-east.org.uk
- **MEN'S ADVICE LINE:** Male victims, 0808 801 0327
- **NATIONAL STALKING HELPLINE:** Gives practical information, support, and advice on risk, safety planning and legislation to victims of stalking, 0808 802 0300
- **RESPECT PHONELINE:** Perpetrators (male & female)
0808 802 4040 (Also has advice for staff working with perpetrators)
- **FORCED MARRIAGE UNIT:** Government office providing information and advice for British nationals forced into marriage, 020 7008 0151(Out of hours: 020 7008 1500)
- **FORWARD:** Information on FGM and support for women and girls affected by FGM, 020 8960 4000

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Other Resources

Standing Together: [Training Offers](#)

Leslie Morgan Steiner TED Talk: [Why domestic violence victims don't leave](#)

The Guardian article: 'It's like you go to abuse school': [how domestic violence always follows the same script](#)

Standing Together: [Domestic Homicide Review \(DHR\) findings](#)

Standing Together: [London Domestic Homicide Review \(DHR\) Case Analysis and Review of Local Authorities DHR Process.](#)

Acquired brain injury due to Domestic Abuse: [Brain injuries sustained from domestic violence](#)

Safe Lives MARAC videos: [Including a mock MARAC](#)

SafeLives Resources for MARAC: [Resources](#)

MARAC: [SafeLives Frequently Asked Questions](#)

Duluth Model: [Power and Control Wheel FAQ](#)

Pathfinder Toolkit: [Whole Health approach to domestic abuse](#)

Jackson Katz TED talk: [Violence Against Women – It's a Men's Issue](#)

Mapping the Maze: [Resources for supporting women facing multiple disadvantage](#)

GALOP: [LGBT+ Survivor Barriers to Support](#)

On the BBC: [Murdered by my Father](#)

Also on the BBC: [Murdered by my Boyfriend](#)

Women's Aid: [What is Coercive Control?](#)

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What about you?

ACTION CALENDAR: HAPPIER JANUARY 2021

"Happiness is when what you think, what you say, and what you do are in harmony" - Gandhi

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
4 Write a list of things you feel grateful for in life and why	5 Look for the good in others and notice their strengths	6 Take five minutes to sit still and just breathe	7 Learn something new and share it with others	8 Say positive things to the people you meet today	9 Get moving. Do something physically active (Ideally outdoors)	10 Thank someone you're grateful to and tell them why
11 Switch off all your tech 2 hours before bedtime	12 Connect with someone near you - share a smile or chat	13 Be gentle with yourself when you make mistakes	14 Take a different route today and see what you notice	15 Eat healthy food which really nourishes you today	16 Get outside and notice five things that are beautiful	17 Contribute positively to a good cause or your community
18 Focus on what's good, even if today feels tough	19 Get back in contact with an old friend you miss	20 Go to bed in good time and give yourself time to recharge	21 Take a small step towards an important goal	22 Try out something new to get out of your comfort zone	23 Plan something fun and invite others to join you	24 Put away digital devices and focus on being in the moment
25 Decide to lift people up rather than put them down	26 Say hello to a neighbour and get to know them better	27 Challenge your negative thoughts and look for the upside	28 Ask other people about things they've enjoyed recently	29 Use one of your personal strengths in a new way	30 Count how many people you can smile at today	31 Write down your hopes or plans for the future

ACTION FOR HAPPINESS

Learn more about this month's theme at www.actionforhappiness.org/happier-january

www.actionforhappiness.org
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What about you?

ACTION CALENDAR: FRIENDLY FEBRUARY 2021

"The best way to cheer yourself up is to cheer somebody else up" - Mark Twain **"The only way to have a friend is to be one" - Ralph Waldo Emerson**

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
1 Send someone a message to say how much they mean to you	2 Ask a friend how they have been feeling recently	3 Do an act of kindness to make life easier for someone else	4 Organise a virtual 'tea break' with colleagues or friends	5 Show an active interest by asking questions when talking to others	6 Get back in touch with an old friend you've not seen for a while	7 Make an effort to have a friendly chat with a neighbour
8 Share what you're feeling with someone you really trust	9 Thank someone and tell them how they made a difference for you	10 Look for the good in people, even when they frustrate you	11 Send an encouraging note to someone who needs a boost	12 Focus on being kind rather than being right	13 Send a friendly message of support to a local business	14 Tell your loved ones why they are special to you
15 Smile at the people you see and brighten their day	16 Check in on someone who may be struggling and offer to help	17 Respond kindly to everyone you talk to today, including yourself	18 Appreciate the good qualities of someone in your life	19 Share a video or message you find inspiring or helpful	20 Make a plan to connect with others and do something fun	21 Actively listen to what people say, without judging them
22 Give sincere compliments to people you talk to today	23 Be gentle with someone who you feel inclined to criticise	24 Tell a loved one about their strengths that you value most	25 Thank three people you feel grateful to and tell them why	26 Give positive comments to as many people as possible today	27 Call a friend to catch up and really listen to them	28 Make uninterrupted time for your loved ones

ACTION FOR HAPPINESS

Learn more about this month's theme at www.actionforhappiness.org/friendly-february

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Questions?



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